U.S. Army. Medical Dept.

MEDICAL DEPARTMENT AFFILIATION CONFERENCE

Washington, D. C.

10 - 11 July 1947

I N D E X

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The Medical Department affiliation conference was convened at 0945 hours, 10 July 1947 in Room 2C-533, The Pentagon, Washington, D. C. The following were present:

WAR DEPARTMENT GENERAL STAFF

Lt. Colonel A. A. Shumsky, GSC	Representative, Organization and Training Division

OFFICE OF THE SURGEON GENERAL

Brigadier General George E. Armstrong, USA	Deputy Surgeon General
Brigadier General Guy B. Denit, USA	Deputy for Plans
Colonel F. B. Westervelt, MC	Assistant, Office of Deputy for Plans
Colonel T. J. Hartford, MC	Assistant, Office of Deputy for Plans
Colonel A. J. Gorby, MC	Temporary Deuty, Office of Deputy for Plans (Reserve Affairs)
Lt. Colonel John H. Voegtly, MC	Assistant, Office of Deputy for Plans
Colonel William L. Wilson, MC	Special Representative
Colonel Harry A. Bishop, MC	Chief, Hospital Division
Lt. Colonel C. H. Walsh, MAC	Acting Chief, Troop Units Branch, Hospital Division
Colonel Paul I. Robinson, MC	Chief, Office of Personnel
Colonel Homan E. Leech, MC	Chief, Military Personnel Division
Lt. Colonel William N. Piper, MC	Chief, Procurement, Separation and Reserve Branch, Office of Personnel
Colonel Raymond E. Duke, MC	Chief, Education and Training Div.
Colonel Jenner G. Jones, MC	Deputy Chief, Supply Division

OFFICE OF THE AIR SURGEON

Colonel William F. Cook, MC	Chief of Medical Plans and Services Division
Lt. Colonel Kermit H. Anderson, MC	Assistant, Medical Plans and Services Division

OFFICE OF THE CHIEF SURGEON, ARMY GROUND FORCES

Colonel Charles O. Bruce, MC	Chief of Plans and Operations

OFFICE OF SURGEONS, MAJOR COMMANDS

Colonel J. G. Cocke, MC	Headquarters First Army
Colonel R. H. Eckhardt, MC	Headquarters Second Army
Colonel M. P. Rudolph, MC	Headquarters Third Army
Captain R. J. Nottingham, MC	Headquarters Fourth Army
Colonel G. E. Leone, MC	Headquarters Fifth Army
Colonel T. C. Rich, MC	Headquarters Sixth Army

CLASS II MEDICAL CENTERS AND HOSPITALS

Colonel J. B. Coates, Jr., MC	Army Medical Center
Colonel W. H. Moursund, Jr., MC	Army Medical Center
Colonel K. A. Brewer, MC	Brooke Army Medical Center
Lt. Colonel P. C. Sheldon, MC	Army Navy General Hospital
Colonel C. W. Tempel, MC	Fitzsimons General Hospital
Colonel Earl Maxwell, MC	Letterman General Hospital
Colonel F. H. Mowrey, MC	McCornack General Hospital
Colonel W. L. Spaulding, MC	Madigan General Hospital
Colonel A. O Haff, MC	Murphy General Hospital
Colonel W. A. Todd, Jr., MC	Oliver General Hospital
Colonel E. H. Roberts, MC	Percy Jones General Hospital
Lt. Colonel W. S. Smith, MC	Tilton General Hospital
Colonel R. L. Bauchspies, MC	Valley Forge General Hospital
Colonel G. W. Reyer, MC	Wm. Beaumont General Hospital

Elizabeth C. Kimball, Recorder

I. INTRODUCTORY REMARKS.....Brigadier General George E. Armstrong, USA

Brigadier General George E. Armstrong, USA, Deputy Surgeon General, opened the conference at 0945, 10 July 1947. He welcomed the conferees and made the following statements:

I am sure that few of you realize just exactly why this conference was called, and I am not going to answer that question completely because all today and tomorrow morning you will have it answered for you. You all know that you are here to discuss plans for affiliated units, and as General Denit will probably tell you in a few minutes, affiliated units are an old story with the Medical Department.

Not long ago there was a big meeting upstairs at which many of the outstanding leaders of science, industry and the professions were addressed by the Secretary of War, General Eisenhower, and among others by General Denit, who brought out the fact that the Medical Department was the first component of the Army that ever used the affiliation principle, getting units together, training them, and preparing them to go out as a unit. We are now going to have affiliated units in every field of endeavor in the country, so that you can crook your finger and from Southern Railway will come one complete unit, or from General Electric will come another complete unit. Thus, we are not only initiating a plan which to us is old but one which now the whole War Department is tremendously interested in.

Now, there are certain objections to affiliated units. Many of you know them as well as I do, but on the other hand, the advantages, I am sure, far outweigh the disadvantages. I am thinking particularly of how difficult it used to be to pry loose a specialist from an affiliated unit. If an affiliated unit had three good orthopedists, and you had a general hospital over here that wasn't affiliated, they didn't want to leave and go to that general hospital. It was difficult to get them out of that affiliated unit.

The implementation of the plan is why you are here. There has been a great deal of discussion in this office and in the War Department as to the method of implementing the affiliated unit plan. To a great degree the tendency in the War Department is to try to delegate a great deal of the responsibility as to organization, gaining the necessary enthusiasm and helping with the initial recruitment and training of the affiliated units. We are in a slightly different position, I think--and I believe General Denit agrees with me--with our affiliated units. Johns Hopkins University, Harvard University, and all the other large schools feel that they should deal more or less directly with The Surgeon General. We agree with the War Department as to the desirability of the delegation to the major forces of as much of this as possible, but we also know that for a long time to come, regardless of the delegation, the people in these medical

schools are going to want to deal with The Surgeon General or his representative.

It is impossible to carry out this plan without help, and we need more than the help of the major forces and major commands. Therefore, General Denit, Colonel Westervelt and others on the Planning Staff here decided to call on our Class II installations for additional help. Now, you are here to learn how we want you to help.

I venture to say, also, that you are here so that we may get your opinions on a lot of those things, because I feel sure that, while we have been kicking this thing around for some weeks, maybe a few months, nevertheless, we are not sure just how we want to carry some of it out. I am sure, therefore, that all of us want you to feel perfectly free to discuss anything that is brought up and to augment it with any ideas that you may have, because we need everybody's thoughts, and opinions, and ideas on this matter.

Now, there is only one other thing that I want to cover briefly, and that is that this is just another chance for us to carry out what to my mind is the biggest change in policy of the Medical Department in the history of the Branch, and that is our contact with civilian medicine. There are very few here that weren't in the Medical Department between World War I and World War II, and as I look back, I can see how we were a very smug and complacent group. We had no desire--and little need, I might add--for contact to any great extent with civilian medicine. I think we were practicing better medicine in most instances than was being practiced in civilian institutions.

I say that advisedly. My only personal concrete example of this was that after playing around on the orthopedic service at Walter Reed for a year and a half on what amounted to a residency, I went to Massachusetts General Hospital. At the Massachusetts General, they had what I thought was the shrine of orthopedics, and I am certain we were practicing just as good orthopedics in certain of our own general hospitals. Of course, there were some good reasons for that. One was that the visiting staff of Massachusetts General was completely switched so often. Out in a civilian institution there are so many people that want to get a finger in a training program that many of them didn't have as good a chance to get the cases studied properly and follow them through as we had at Walter Reed. At that time we were too complacent and smug, and too well pleased with our professional work.

Today the picture is different. After all, all of us were fair professional men before the last war, but we didn't practice our profession for about seven years. We brought in between 45,000 and 47,000 doctors during the war, all of whom are good men. Today we can't get along without civilian help, and I think we should never go back to our prewar

complacency. Even when the time comes that we don't need civilian help, I think we shouldn't go back to it. I do hope that we can come to the time when we can not only ask and receive their assistance but also have a little of this "vice versa" stuff. There is no reason in the world why in a very few years we can't have outstanding men that will be called upon to come down and give lectures at George Washington University and Harvard University Medical Schools, the same way we are getting consultants at these schools to come into our hospitals. We don't want ever to go back.

That is why we are going on with this Reserve Officers Training Corps program, sending outstanding youngsters out to be ROTC instructors. At the same time, they are gaining residency training in hospitals, which is a fine thing, not only from a military point of view and the training they will get, but also because it is just another contact with civil medicine that I think is tremendously important.

I do appreciate your coming and I know that we will be the gainers for your participating in this conference. I hope you all have a very pleasant stay.

If I may be excused, I will turn the meeting over to you, General Denit, and your cohorts who worked so hard to develop this program.

II. PURPOSE OF CONFERENCE--CONFERENCE AIMS...Brigadier General Guy B. Denit, USA

Brigadier General Guy B. Denit, USA, Deputy for Plans, Office of The Surgeon General, gave the purpose and aims of the conference. He made the following statements:

The purpose of this conference is to bring together for orientation you gentlemen who will be concerned in implementing the Medical Department part of the affiliation program.

We hear a lot today about chain reaction---with one reacting providing the energy for activation of another, and so on, until the atomic explosion occurs. Right here, in connection with the affiliation program, we have a somewhat analogous situation, although on a much smaller scale. We have here the elements or links concerned in implementing the Medical Department affiliation program. We have The Surgeon General, who exercises control over the medical program. He determines the types and number of units to be affiliated, designates potential sponsors, makes the initial contact with civilian sponsors, and completes the affiliation agreement. When the act of affiliation has been completed, the major command steps in and assumes responsibility for the activiation, organization, and training of the units. The major commands discharge their responsibility largely through the army or Air Force commands within the Continental United States. When all these elements of the medical affiliation chain are present and complete we have an "affiliated chain reaction"--we have in fact the culmination of our efforts, the "affiliated unit bomb."

We are pleased to have present the representatives of the Medical Department Class II installations who are to be The Surgeon General's representatives in implementing this program, and the representatives of the major commands and of the armies, who will carry out the program.

We hope that your attendance here will be worth while and that, in addition to having an opportunity to become thoroughly familiar with the various aspects of the program, you will also get to know one another.

The War Department Plan, which you have received, was developed by Organization and Training Division, War Department General Staff. General Hall, the director of that division, is not present with us, but as his representative we have the officer who, under General Hall, is responsible for the coordination on a War Department level of the various aspects of affiliation program. We are delighted to have with us Lt. Colonel Shumsky of the Organization and Training Division, who will give you the highlights of the War Department Affiliation Program.

III. REVIEW OF WAR DEPARTMENT AFFILIATION PLAN.....
Lt. Colonel A. A. Shumsky, GSC

Lt. Colonel A. A. Shumsky, GSC, of the Organization and Training Division, War Department General Staff reviewed the War Department Affiliation Program. He made the following statements:

Gentlemen, my remarks today will be brief and addressed to an explanation, first, of the affiliation principle; and second, to the recently announced, broad War Department program based on that principle, as well as the current status of implementation of this program.

I feel a little bit ill-at-ease in trying to explain the affiliation principle to members of the Army Medical Department, who were among the first to experiment with the affiliation idea. In your department it is much older than it is in any other, with the possible exception of what is now the Transportation Corps--it used to be the First Engineers back before the Civil War when the transportation agencies were called upon to assist the military.

My remarks, again I repeat, will be confined to the broad concepts of the affiliation program and will not be aimed at the medical plan, which will be discussed by your representatives.

Our national preparedness requirements, coupled with what we recognize---all of us--as the American policy against a large standing Army, make it imperative that we have available certain trained Reserve armed units and individuals.

In the last war one of the very acute deficiencies experienced was the shortage of service-type personnel in the early years of the war. How acute that shortage was was well reflected by the remarks of General Eisenhower in his reports as Chief of Staff. I am sure you have all seen those.

The Army Service Forces estimated that the rock-bottom minimum of time required to train all service-type units was six months, and that was really rock-bottom because the fact is that the training of many of these units required from six months to one year. Obviously, that would be a gross understatement in the case of medical units. You couldn't possibly take a man without medical training and make a doctor, or technician, or anything else out of him in the period of a year.

Fortunately, in the last war somebody else carried the ball for us for a while until we could prepare those units. At that, we were hard pressed. We do not anticipate in the next war we will have the several years that will be required to do the job right of training units from scratch.

The limitations placed on the peacetime size of the Regular Army and the National Guard make it impossible to include in the troop basis more than a minimum number of these service-type units that we will need on mobilization. The National Guard has had no luck in the past, and there is no basis for thinking that it will in the future have any better luck, in activating and organizing service-type units. That type unit does not appeal to the National Guardsman. The only other place where we can find that type of unit is in the Organized Reserve, but even there the service-type unit doesn't have the appeal that the combat-type unit does. You can get an infantry unit and turn them out, and they will meet periodically for the training programs and go to summer camp, but service-type units don't have nearly the appeal for a great many reasons. But the service-type units are ideally suited under the affiliation idea.

The affiliated principle contemplates that civilian organizations, which are performing a function or functions paralleling those required in various phases of Army service will undertake to sponsor parallel units, will furnish personnel from their own organization insofar as possible--that is, both commissioned and enlisted personnel--will provide facilities insofar as they are capable, will sponsor home training facilities classroom instruction, recruiting facilities, and that sort of thing.

Now there is going to be so much stress placed on the words "affiliation" and "affiliated unit" that there is danger that we will think of an affiliated unit as a concept apart from any other unit of the Organized Reserve Corps. There is danger in the development of that concept, and I want to instill in your mind one thought--the affiliated unit is nothing but a unit of the Organized Reserve Corps. It is one of the many units included in the Organized Reserve Corps troop basis; whether it be Engineer, Signal, or Medical. It is that unit of the Organized Reserve Corps which is being sponsored by a recognized civilian agency that is carrying on parallel activities, instead of being a separate unit activated and organized, and which meets periodically.

The personnel may come from any one of a number of sources, and in the case of units other than medical, this personnel does not necessarily have even the same professional background or employment background.

The non-affiliated service-type unit may have in it individuals who are employed by any number of different organizations, each of which is performing an entirely different function and whose occupations are not at all related to the mission that unit would have to accomplish after mobilization. The affiliated unit, on the other hand, draws the bulk of its personnel from an organization which is performing a function paralleling the mission to be performed by that unit after mobilization. Therein lies the key advantages of the affiliation principle.

Now, the Medical Department, better than any other agency of the War Department, knows that the affiliation idea is not new. During the last war there were actually activated and organized approximately

five hundred affiliated units, including shop battalions, signal units, ordnance maintenance companies, truck companies, and heavy maintenance companies. The experience with all units of that type demonstrates very clearly and spells out very conclusively the value of those units.

As stated a while ago, we recognize we had headaches with many of those units. We recognize we ran into sponsors who thought the men belonging to units which they sponsored shouldn't be transferred from the unit, even though there was need for them elsewhere. We recognize all those difficulties and deficiencies of those units. But the advantages are so overwhelmingly in favor of the affiliated unit that there can be no question in the mind of anyone. No one but the obstructionist type can see any reason why we shouldn't do this.

Now as to the benefits we expect to realize from this program:- It will assure efficient and speedy utilization of technically qualified personnel in assignments similar to those performed in civilian life. The association in a military unit of individuals accustomed to working with each other outside, whether in a factory, AT&T system, or a medical school, the advantage of having these individuals accustomed to working with each other constitute a unit is obvious. Their morale is far superior to that of other units.

I think that some excerpts from the house organ of the Caterpillar Tractor Company spell out much better than I can many of the advantages of the affiliation idea. Again, I repeat that some of these do not apply to the Medical Department units, or some of them may not apply with the same heavy impact that they do in other types of units, but the basic idea is there.

In 1942 the Chief of Engineers found himself in a spot where he had to have certain service-type unit support. There was a crying need for them, and they had to be gotten in a hurry. There was no time to bring in men to train them and form them into units. So he turned to (among others) the Caterpillar Tractor Company and requested that that organization form from the personnel then working in the company a military organization of engineers, as a shop company. He did the same with many other organizations, and here is the reaction:

> "Another great honor has come to Caterpillar Tractor Company It comes from the Corps of Engineers of the United States Army and it is the first honor of this kind that the Engineers have bestowed.
>
> It is a request that Caterpillar Tractor Company form a company to be known as the 497th Engineer Heavy Shop Company and that this company be composed of "Caterpillar" men.

This is the highest tribute the "Fighting Engineers" could pay to the men who build the machines that are as necessary to the Engineers as rifles are to "doughboys" or big guns are to the Field Artillery.

Since the first announcement of the formation of the 497th Heavy Shop Company applications for enlistment have continued to pour in. The response has been most gratifying and scores of men have already been sworn into this Company and are now members of the Corps of Engineers Enlisted Reserve.

"Caterpillar" men have been quick to recognize the rare opportunity offered by this specialized military unit. It permits them to do the work in which they are thoroughly trained and for which they are best qualified. It also assures service in a Company composed of their buddies--men they have known and worked with in civilian life."

I realize the chance of getting medical men to form a unit is rather limited. The training impact is not as great as in some of the others, but certain of the advantages apply equally to the Medical Department.

One of the many objections that has been raised to the affiliated unit idea is that, while any civilian organization may furnish the key specialists, they will never be able to furnish all of the individuals in various MOS's. They say, "How about our sergeant? How about the company clerk? What of the adjutant? What of the mess personnel?" The answer, of course, is obvious there. Personnel not available from within the civilian organization can be furnished by the Army or Air Force concerned from the Reserves, now on the rolls, by concurrence with the sponsor. That kind of personnel can always be developed without a great deal of time or effort.

Here is still another interesting excerpt from the Caterpillar Tractor Company House Organ:

"Members of the Heavy Shop Company are eagerly awaiting the first mess call, for they know that every mouthful of food that is prepared for them will be done by an expert. This expert is none other than our own Jack Kern, for the past six years kitchen manager of the "Caterpillar" Restaurant, chef par excellence, and the first man to complete enlistment in the 497th."

Note the tie between unit and company, the cement that insures that that unit is going to last. That, as we all recognize, was one of the big faults with the Organized Reserve before the war. It could attract but a total of three thousand men, its highest enlisted enrollment peak.

One other, If I may, and this is quoted from one of the enlistees:

"'I believe I can do more for Uncle Sam with a welding "gun" than I could with a rifle,' declares Kenneth Wegner, Building A, explaining why he joined the 497th Heavy Shop Company. 'You see,' he adds, 'I've put in 12 years at welding--7½ of them at "Caterpillar"--so I am confident I can do any job of welding that the Fighting Engineers give me.'

Mr. Wegner also points out that a man needs to keep up on his work to keep his skill and you don't always have a chance to choose your specialty in the army."

This assures him he will keep up his skill.

Finally, this is something that is applicable to any Reserve unit and one of the key features, one of the important items in the effective organization of any Reserve unit, whether it be medical unit--and I have seen some of these units in operation or any other Reserve unit--leadership.

Jean Walker has been chosen to command the 497th Heavy Shop Company and his commission as Captain in the Corps of Engineers of the United States Army is expected daily.

Captain-elect Walker comes to his new post exceptionally well qualified. His service with "Caterpillar" dates back fifteen years to the time when he went to work in the shop as a tractor driver. He advanced steadily through the ranks and his knowledge of "Caterpillar" products became so extensive that he was selected as an instructor to conduct classes in tractor and combine construction.

Walker knows heavy machinery. But more than that, he knows men. He has worked and lived with them under a wide range of conditions on four continents. It would be difficult to imagine a more capable or well-versed leader for the "Caterpillar" sponsored unit of the Fighting Engineers.

A man who in his own organization has demonstrated he is a leader, has demonstrated his qualifications for the position he held there, can reasonably be expected to retain the confidence of the men who work for him in his own shop when they put on a uniform.

Now, a word about training affiliated units; so far as the entire program is concerned, the Organization and Training Division in the War Department recognizes it would be ideal for all types of units to engage in a program similar to that of the National Guard, weekly training periods and two weeks of summer camp every year, but we have to be

practical about it and recognize that establishing any such requirement as that for the training of all types of units would spell the doom of any affiliation idea. We obviously couldn't pull the personnel required to organize an engineer operating battalion off the pay roll at any one time for two weeks and attempt to give them training. There are any number of reasons why that couldn't be done. At the same time, we recognize that the amount of purely military training that a unit requires will vary considerably, depending upon how closely the work that the personnel of that unit within the sponsoring organization are doing parallels the work that they will be required to do in a military unit.

Obviously, a medical unit coming out of Johns Hopkins, Harvard, Pennsylvania, or Maryland is performing a considerable amount of the work right now in its normal everyday function that it would be required to perform in military service.

Recognizing that, the War Department has established a choice of five possible options that a sponsor may elect for training, ranging from weekly training periods for a unit, with two weeks of summer training and no field training, to a quarterly meeting, where the absolute minimum for that particular type unit of military training may be important.

There has been considerable debate and discussion as to what agencies of the War Department should be responsible for approaching the selected sponsors of affiliated units. There was considerable argument in favor of having the major commands do that; since the major commander is responsible for activation and organization and training of all units, he might as well carry the complete load. But those arguments were by far outweighed by the arguments for letting the Chief of the Administrative or Technical Service do it.

In the final analysis, who is in a better position to contact medical schools than The Surgeon General? Who is in a better position to contact air lines than the Chief of Air Forces? Who is better able to contact AT&T than the Chief Signal Officer who deals with AT&T requirements?

For that reason the implementation of the affiliation plan is divided into two responsibilities, or two phases. First, the Chief of the Administrative or Technical Service concerned is held responsible for effecting contact with potential sponsors. When the contact has been established and the affiliation agreement executed, the major commander steps in and takes over that unit for activation, organization, and training.

In order to avoid a situation where the major commander would come in "cold" and take over the activation, organization, and training of any unit, the War Department plan provides that there be very close

coordination between the agency responsible for contacting the sponsors and executing the affiliation agreement and the agency which is going to take over the responsibility for activating, organizing and training. I want to stress that particularly. It is extremely important.

We have run into a little difficulty in several cases because of a failure to coordinate with the major command. There was the case of one technical service that phoned the army commander concerned on the morning of the day on which an afternoon conference had been arranged with the head of a major industrial association for the purpose of executing an affiliation agreement with respect to three rather large units. That army commander first heard about the contact and the terms of the agreement reached on the morning of the conference. Naturally, he balked. I don't blame him one bit. We can keep our contacts coordinated with the major force commander concerned to the end that he is continually aware of the progress of the negotiations and the terms of the agreement reached.

Another word--We recognize that the list of sponsors in this affiliation program booklet was drawn up in pretty much of a hurry. We recognize that the sponsors presently listed for any given unit are not necessarily the organizations which are going to sponsor those units, for any one of a dozen reasons. On-the-ground contact may develop the fact that the listed sponsor will not be acceptable, or the listed sponsor may not see fit to undertake to sponsor the unit proposed for him. For many reasons that list of proposed sponsors is not firm. It will be subject to change.

A word about the progress of the program so far. Every sponsor approached by the various technical and administrative services (with the exception of one industry) has reacted most favorably to the affiliation program. They have all expressed themselves as being completely, thoroughly, and whole-heartedly in sympathy with the program. They appreciate the need for it fully and have promised their support in making the program effective.

A number of units have already been affiliated, starting with three units sponsored by the American Association of Railroads, with the president of the association signing the affiliation agreement.

The one exception has been the motion picture industry, which frankly is not happy about the affiliation idea. It is not very difficult to appreciate why this industry is not enthusiastic. All we have to do is to read the record of the Senate Investigating Committee concerning the handing out of promotions to members of the Hollywood colony.

A word about publicity -- The War Department is heartily in favor of giving free rein to the sponsor of an affiliated unit in publicizing the fact that he is sponsoring such a unit. There is no objection to

tying in a unit which is being sponsored with the sponsor of that unit in any publicity.

There is objection to two things in the way of publicity. We do not want to publicize the names of sponsors now listed in the War Department Affiliated Plan, your blue book. As pointed out before, these are only tentatively proposed sponsors, potential sponsors. Any publicity relating to those prior to the time the affiliation agreement has been executed may embarrass the Department or the agency of the War Department concerned because it may be decided we do not want to affiliate a unit with that sponsor; after a local newspaper has carried the fact that a certain institution will sponsor such and such a unit, you may decide you don't want to affiliate a unit with that institution.

We also ask that you not publicize the total numbers of units of a given type in any given area, whether it be city or state. In other words, we do not want to publish anything which will constitute a troop basis. The War Department Troop Basis, Organized Reserve, as well as others, are classified as secret. Now, I will grant you this, and it is recognized, that with all the publicity concerning individual units that will be available through various media, the press and what-not, any individual agency so inclined could over a period of time assemble pretty good dope as to the character of the organized troop basis, certainly with organized units, but that is quite a battle.

To serve as a medium for satisfying the many actual questions, those that are asked and will be asked by various civilian organizations, we recently--in fact, this week--published a little pamphlet which I recommend to you as containing answers to many questions concerning the affiliation program. I am sure that it will be made available to the group before you leave.

In closing I wish to reiterate this thought: In the next emergency, when and if it does come, we will not have two years or a year in which to prepare. Unless, ostrich-like, we stick our heads into the ground, we must assume that we will not even have two months in which to make available a strong combat element and the service support the combat element needs to wage war. The time cushion available to us heretofore, it is a reasonable assumption, will not be available in the next emergency. Our traditional national policy precludes a large standing Army, a standing Army of such size as to provide adequate combat and service elements on M-Day. The National Guard cannot do it. The Reserve must do it. The Reserve-type units do not lend themselves to effective organization and training. The affiliation idea is the only one we know of which will do it. It is imperative that the program in its entirety be made successful.

GENERAL DENIT: Thank you very much.

INTERMISSION

IV. MEDICAL DEPARTMENT AFFILIATION PROGRAM.....

Brigadier General Guy B. Denit, USA
Colonel F. B. Westervelt, MC
Lt. Colonel J. H. Voegtly, MC
Lt. Colonel C. H. Walsh, MAC

Representatives of the Office of Deputy for Plans, OSG, Brigadier General Guy B. Denit, USA, Colonel F. B. Westervelt, MC, and Lt. Colonel J. H. Voegtly, MC, and Lt. Colonel C. H. Walsh, MAC, of the Hospital Division, OSG, presented the Medical Department Affiliation Program.

A. General Denit gave a resume of Medical Department experience with the civilian-sponsored type of military organization. He made the following statements:

The Army Medical Department has long recognized the importance of the civilian components in our military organization. It has the distinction of having established the first Reserve Corps when in 1908, nearly forty years ago, the Medical Reserve Corps was organized. The development and subsequent expansion of the Organized Reserve is well known. Today we all recognize the vital part it played in World Wars I and II. The Medical Department was also the first to develop the civilian-sponsored or affiliated type of military organization. In 1916 leading American surgeons who had served in French and British hospitals, prior to the entry of the United States in World War I, returned to this country and advocated the organization of base, now general hospitals, by civilian medical institutions on a military basis. It was proposed that the staffs of these hospitals be commissioned in the recently authorized Officers Reserve Corps. The plan for the organization of these voluntary units was at that time novel in that the entire staff was to be drawn from the sponsoring medical school or hospital. It was thought that this personnel accustomed to working together would be more effective than any composite staff that could be assembled from many different sources. The proposed plan provided for units in which the medical officers and nurses were carefully selected for their special qualifications, known to each other and accustomed to working together, and so far as professional work was concerned, always in training. The Surgeon General recognized at once the merit of this proposal and directed that the organization of these hospitals proceed under the direction of Colonel Jefferson R. Kean under the auspices of the National Red Cross. Since war had not been declared, statutory regulations at that time provided that voluntary aid in time of peace must be brought together under Red Cross auspices rather than under Army auspices. The Red Cross acceded to The Surgeon General's proposal that the organization of these units be on a strictly military basis and that the personnel, both commissioned and enlisted, should be

members of the Reserve. It was provided in the agreement, of course, that when the units were called into active service by the President they would pass completely to the control of the Army. Therefore, when World War I was declared, 33 base hospitals had been authorized and their organization was proceeding satisfactorily. By July, 1917, 17 additional hospitals had been started making a total of 50 affiliated units authorized by the War Department. All but one of these units saw service overseas. These hospital units were the backbone of our hospital service in France in World War I. The fact that they were organized among and staffed by the personnel of our larger medical institutions resulted in their early availability for departure and immediate employment overseas. Each was furnished a commanding officer and adjutant from the Regular Army Medical Corps, and a quartermaster from The Quartermaster Department. Six such units were mobilized and sailed for Europe between 8 and 15 of May 1917, that is within 30 to 60 days after war was declared. These hospital units were the first military contribution of this country to the Allies after the declaration of War. Their subsequent history should convince the most skeptical of the efficiency of units so organized.

The organization and utilization of civilian-sponsored types of medical units during World War I proved so successful that The Surgeon General in 1922 obtained authority to again organize professional units under the affiliated plan. The larger medical schools and hospitals throughout the country were requested to organize these units. The response was enthusiastic and at the close of the year 1927, 77 General, 37 Evacuation, 25 Surgical, 2 Station Hospitals, and one Veterinary General Hospital had been organized on the affiliated unit basis. In 1924 in accordance with the policy of decentralization of administration of Reserve affairs, all hospitals were transferred to Corps Area control. The Surgeon General, however, retained control over professional personnel assigned to these units until 1928 when they passed completely to the jurisdiction of Corps Area commanders. For a time, with some few exceptions, the civil institutions with which these units were affiliated maintained satisfactory interest in their organization and administration. Later they lost their coherence; their essential practical character disappeared, and they were reduced to the status of paper organizations.

In 1939 with the onset of the war with Germany and Japan in sight, vigorous measures were taken to revitalize the affiliated hospital units. Altogether, 74 affiliated Medical Department units were organized and served during World War II. These hospital units, drawn from the leading schools and hospitals of the United States, were the means of bringing into active Federal service the outstanding professional medical talent of our country. Much of this professional talent would have been lost to the military service had it not been for the affiliated units. The magnitude of civilian medical responsibilities

would have exempted many doctors from military duty. The pride of organization which is developed in the sponsoring of an affiliated unit was a factor in bringing many of these doctors into the military service. Through their keen professional skills, their leadership and organizational abilities, a standard of professional excellence in U S Army hospitals was established that has never been surpassed. Certain of these doctors, once seeing the organization of their units was well under way, were called to even greater duties such as Theater and Army medical and surgical consultants. During the later stages of the War, when it was no longer possible to staff our new general hospitals with the same high caliber doctors as in the earlier stages of the War, the professional personnel of these affiliated units were reassigned as necessary to balance the medical service within the theaters.

Much has been said of the great accomplishment of the Medical Department during this War; and a great deal of credit has been given to the so-called wonder drugs, the sulfonamides, penicillin and streptomycin; whole blood and blood plasma. These drugs were factors. But the establishment of the outstanding record of an approximate 96% survival of battle wounded who reached hospital; a death rate almost half that of World War I, and a disease rate of only 0.6 per thousand per annum in comparison with that of 16.5 in World War I was, in my opinion, due in great part to the skill, the courage and the resourcefulness of the medical personnel. The fine men of the affiliated units -- the women, too, for there were nurses in these units who left their homes, and their well-appointed offices, and institutions of civilian medical practice to participate in a humanitarian role--that of providing medical care for sick and wounded American soldiers. They worked oftentimes under conditions of great hardship, in extremes of temperature: the snow and cold of northern climates; the humid, teeming, almost impenetrable jungles of the Pacific, and the mud of Normandy and Northern Italy. Lack of conveniences was no deterrent to their efforts to provide a high standard of medical service. Oftentimes when the going was difficult and service troops were inadequate to provide necessary construction the medical personnel performed the necessary Engineer construction tasks. These units were often affectionately referred to by other troops as the "medical engineers". The high standard of professional care given by these units needs no embellishment from me. However, one seldom thinks of general hospital units being required to perform acts of individual heroism on the battlefield. An incident which occurred in one of my units in the Pacific, the 44th General Hospital at Leyte, is characteristic of the fortitude of these affiliated units in carrying out their duties of protecting and saving the lives of the wounded entrusted to it. One night in December 1944 when the Japanese attacked the hospital in the hope of rescuing their paratroopers, who had been dropped behind the hospital area, the doctors and corpsmen took up a defensive

position for the purpose of protecting their patients. The Japanese by the use of machine guns and grenades turned the hospital area into a veritable battlefield. They followed their usual tactics of infiltration, shouting, calling for medical aid and sniping. In the early morning a number of Japanese dead were counted. The 44th General Hospital had successfully defended its patients with but few casualties among its own members. I cite this example merely to emphasize that no sacrifice was too great on the part of these units to render service to the troops they were supporting. The histories of all of our affiliated units who saw service in the European, Mediterranean, and the Pacific Theaters show many citations for service well rendered.

From the foregoing it may be seen that we of the Army Medical Department have had a long and successful experience with the affiliated type of organization. In the future our mobile and fixed hospitals must be completely integrated units, each with a harmonious staff of competent qualified physicians and surgeons so coordinated and organized as to be able to move to and function in the theater of operations with the least practicable delay upon the declaration of war. The affiliated Medical Department units satisfy these requirements better than any other plan so far proposed. We are justly proud of our record of achievement with the civilian-sponsored type of military organization, and we are looking forward in the peacetime military establishment to a renewal of and a furtherance of the many fine relationships which have existed between the War Department and the civilian medical schools and hospitals of our country in meeting the needs of an adequate military preparedness program.

B. Colonel Westervelt presented the objectives of the Medical Department Affiliation Program. He made the following statements:

As a further step in implementation of this program the Medical Department has for its purpose the outlining of general policies, procedures and plans for the formation of civilian-sponsored medical units. These will be composed of qualified, integrated personnel for the operation of certain types of medico-military organizations, which can be called to active duty and committed to operation with the least possible delay in the event of a national emergency. The goal of the Medical Department Affiliation Plan is the organization of such numbers and suitable types of Medical Department units as it is practicable to affiliate in order to support the planned M-Day force.

Suitability of Units for Affiliation: Medical Department experience has indicated the desirability of affiliating only certain numbers and types of units. The loss of flexibility in the assignment and utilization of personnel restricts the extent of application of the affiliated-unit principle. In view of the fact that affiliated Reserve Officers hold commissions in the Officers Reserve Corps by virtue of the positions they occupy in civil life, and are eligible for extended active duty only with the affiliated units in which they hold peacetime and mobilization assignments, affiliated Reserve Officers will not be ordered to extended active duty until their units are mobilized. In time of national emergency individuals, as well as units, are required. Therefore, there is a reluctance about having too large a group of personnel exempted from mobilization merely because the units to which they are assigned may not be required during the early periods of mobilization. The professional type of Medical Department unit (By this I mean the general hospitals, evacuation and mobile surgical hospitals) which has counterparts to a certain degree in civilian medical organizations is considered most suitable for affiliation. Consideration also is being given to the desirability of affiliation of station hospital units, but as yet no action has been taken to designate sponsors of this type of unit. The Air Corps likewise is studying its Central Medical Establishment to determine whether or not this type of unit is suitable for affiliation.

Objective--Size of Program: The charts which follow give some indication of the extent of the Medical Department Affiliation Program. They show the initial postwar objective, which is to "recapture" or "reenlist" all those civilian medical institutions which in the past sponsored affiliated Medical Department units, and the desired postwar objective, which is the creation of a sufficient number of affiliated Medical Department units, of types suitable for affiliation, to support the nation's initial mobilization requirements. The objectives for each type of unit are compared with the number of the type or similar type of unit which was organized on an affiliated unit basis during World War II.

Chart No. 1
Medical Department Affiliation
Program - General Hospitals

A. Chart No. 1 - Shows the number of affiliated general hospital type units:

World War I (the so-called base hospital).....50
World War II.....52
Initial Postwar Objective.....52
Desired Postwar Objective.....60

Chart No. 2
Medical Department Affiliation
Program - Evacuation Hospitals

B. Chart No. 2 - Shows the number of affiliated evacuation hospital type units. Included here, also for purposes of classification, are the smaller type hospital units organized during World War I. These units, generally of a 250-bed capacity, were comparable to the present day station-hospital type of unit:

World War I (250-bed hosp.).....16
World War II.....18
Initial Postwar Objective.....23
Desired Postwar Objective.....39

Chart No. 3
Medical Department Affiliation
Program - Surgical Hospitals

C. Chart No. 3 - Shows the number of affiliated surgical hospitals (surgical hospital, portable surgical hospital and mobile surgical hospital)

World War I - No comparable unit
World War II.....4
Initial Postwar Objective.....4
Desired Postwar Objective.....35

Chart No. 4
Medical Department Affiliation
Program - Total Personnel

D. Chart No. 4 - Shows the total personne included in the Medical Department Affiliation Program. This personnel, although it represents a small portion of the total personnel requirements (approximately 6% of th Medical Department personnel of World War II), represents a necessar nucleus of professional medical talent.

	Officers	WO	EM	TOTAL
World War I	7,262	—	11,120	18,382
World War II	*9,374	*70	*29,202	*38,646
Initial Postwar Objective	*9,338	*75	*28,677	*38,090
Desired Postwar Objective	12,712	105	39,312	52,129

*The difference in personnel requirements between World War II and the initial postwar objective is explainable by the fact that there was a larger ratio of 750-bed Evacuation Hospitals to 400-bed Evacuation Hospitals during World War II than there is in the initial postwar objective.

Chart No. 5
Medical Department Affiliation Program - Medical Corps Officers

E. Chart No. 5 - Shows the number of Medical Corps officers included in the Medical Department Affiliation Program.

	Medical Corps Officers
World War I	1,942
World War II	*2,379
Initial Postwar Objective	*2,360
Desired Postwar Objective	3,380

*The difference in Medical Corps officer requirements between World War II and the Initial Postwar Objective is explainable by the fact there was a larger ratio of 750-bed evacuation hospitals to 400-bed evacuation hospitals during World War II than there is in the initial postwar objective.

The number of Medical Corps officers included in affiliated Medical Department units during World War II, although it represents but a small proportion (approximately 5%) of the total number of Medical Corps officers mobilized (47,000), represents a large proportion of the specialists and consultants which were utilized by the Medical Service.

Chart No. 6
Medical Department
Affiliation Program -
Medical Department
Women Officers

F. Chart No. 6 - Shows the number of Medical Department women officers included in the Medical Department Affiliation Program - Army Nurse Corps and Women's Specialist Corps officers.

	Medical Department Women Officers
World War I	5,320
World War II	*5,608
Initial Postwar Objective	*5,552
Desired Postwar Objective	7,424

*Difference is explainable as in Charts 4 and 5.

The Medical Department Affiliation Program, restricted in a sense, is a rather extensive one. By re-establishing now the affiliated unit program which was in existence during World War II, and which functioned as the affiliated medical program for an Army of 8,000,000 men, and looking to the future with a view to establishing a sufficient number of units, of a type suitable for affiliation, to meet the M-Day force requirements, and also to be available for possible utilization in time of civil disaster, it is believed that a firm nucleus can be established about which can be built the Organized Reserve Corps program of the Army Medical Department.

C. Colonel Voegtly discussed the implementation by The Surgeon General of the War Department Affiliation Program. He made the following statements:

General Armstrong so ably covered the general aspects of the principles of implementation that anything I may say will be overshadowed by his very excellent presentation.

In the implementation of the War Department Affiliation Plan it is prescribed that the chief of service will be responsible for establishing contact with the civilian organization concerned, for nominating sponsors, and for completing the affiliation agreement. Then when the agreement is completed the commanding general of the major command will be responsible for the activation, organization, and training of the affiliated unit--coordinating matters of instructor assignment and doctrine with the appropriate War Department agencies.

The chief of service is responsible for establishing initial contact, preferably through visits by representatives or when such visits

are not practical, by correspondence, and for obtaining the approval of the parent organization. Early it was realized that it would be impractical for The Surgeon General or someone from his office to make a personal visit to each of the potential sponsoring institutions within a reasonable length of time. Then, since all of the proposed units are to be hospitals, it was believed feasible to designate the commanders of the Class II medical facilities—the Army Medical Centers and the named general hospitals--as representatives of The Surgeon General. Therefore, the commanders of the Army Medical Centers and Class II hospitals were requested to give the matter their careful consideration and each select a qualified Medical Corps officer from their command to act as The Surgeon General's representative for the purpose of contacting the heads of the civilian medical institutions concerned and completing the affiliation agreement. You gentlemen from the Class II medical facilities have been selected as The Surgeon General's representatives. It will be your mission to "sell" the War Department Affiliation Program to civilian sponsoring organizations. You will at the proper time make personal contact with the head of the sponsoring medical school or hospital within the area assigned to you, be prepared to explain the plan, as necessary, and accomplish the basic affiliation agreement. A representative of the appropriate army command will be present at this meeting. When signature to the affiliation agreement has been obtained, the army representatives will take over. It is at this point that the major command concerned assumes the responsibility for the activation, organization, and training of the unit.

When you go out to these institutions, it might be well to consider that the product you are selling is one grounded in tradition; it is not a new item, but one backed by years of satisfactory and dependable service. You are selling a product that has been tried and proven through the experience of two major wars. It is not a second-rate product made in Japan, but a first-rate American product established as the result of Army medico-military ingenuity. It is the Lincoln or the Cadillac of the automobile industry which you are going to sell to a distinguished clientele comprised of the outstanding medical institutions of our country. If your salesmanship is kept on a high level, and in keeping with the tradition of the Army Medical Department, you should experience no great difficulty in accomplishing your mission.

And now, for some of the details of accomplishing the basic affiliation agreement. For the purposes of the implementation of this program the continental United States has been divided into eleven zones, each zone being serviced by a Class II medical facility with the exception of two zones, each of which is serviced by two Class II medical facilities. The representatives in each of these zones will be responsible to The Surgeon General in all matters pertaining to The Surgeon General's responsibilities within their areas in connection with the affiliation program. Progress has been made in the way of establishing contact with civilian sponsoring organizations. In December 1946 The Surgeon General communicated by letter with each of the medical institutions which sponsored

units during World War II. This letter was written in response to inquiries which had been received from former sponsors in regard to the Medical Department plans for re-establishing the affiliated unit program. In his letter The Surgeon General indicated that he was desirous of re-establishing the affiliated unit program which was indorsed by civilian medical institutions during both World Wars, but that until the War Department had established its policies and announced its program no action could be taken to re-establish their units. The institutions were complimented for their loyalty and support and comments requested which might lead to a betterment of the affiliation program. Replies have now been received from fifty-three of the seventy institutions corresponded with--a response of better than 75%. The results of the replies to this letter are summarized in "Resume of Opinions of Former Sponsors Regarding Re-establishment of Medical Department Affiliation Program" (Tab 'F' of the folder on Medical Department Affiliation Conference). It is interesting to note that of all the institutions which have replied only four were not interested. The majority of institutions were definitely interested and certain of them enthusiastic in their response. Now that the War Department has established its policies and announced its program these institutions will each be corresponded with a second time and asked to participate in the program. Letters are being written presently and will be sent to each potential sponsor. The head of the institution will be asked to indicate a convenient time when a representative of The Surgeon General can meet with him to discuss the program. It is possible that a certain few will accept the sponsorship of an affiliated unit without further discussion. These institutions will require no "selling" from The Surgeon General's representatives; and a signed copy of the affiliation agreement will be the authority for the Army Ground Forces to proceed with the activation, organization and training of the unit. It is anticipated, however, that the majority of institutions will require some clarification of details of the plan before they will agree to sponsoring a unit. It is advisable that no formal contacts be made with the institution heads concerned until The Surgeon General has been notified that the institution authorities would like to discuss the affiliation program. At the proper time you will be informed by this office that an institution or institutions within your area have replied to the letter inviting participation in the program and should be approached with a view to completing the affiliation agreement. The field representative of The Surgeon General should then contact his partner, or fellow, in the army surgeon's office, and together they should arrange to contact the institution head. When the institution contacted is a medical school at which there is a medical ROTC, the field representative of The Surgeon General will coordinate all his contacts with the medical PMS&T. (Tab 'G' of the folder on Medical Department Affiliation Conference indicates the location of medical ROTC units at approved medical schools.) The basic document to be completed is the affiliation agreement, which is an agreement in general terms only, nonlegal in nature, and in no sense a binding contract, its sole purpose

being to act as an expression of good faith between the War Department and the sponsor. In the agreement the terms of the contract are specified: i.e., the type of unit to be sponsored is designated and the form of training to be conducted is specified. (Colonel Duke, of the Education and Training Division, will discuss the training to be prescribed during this afternoon's session.) The agreement, signed by the sponsor and by The Surgeon General's representative, should be completed in five copies for distribution as follows: one for the institution, one for the army, and three copies to be forwarded by the most expeditious means to The Surgeon General.

When the initial postwar affiliated unit program is well under way it is possible that consideration will be given to expansion of the program through the affiliation of additional numbers, and perhaps, types of units. Therefore, it is advisable that the field representatives of The Surgeon General be continually appraised of the civilian medical situation within their areas and that they make recommendations to The Surgeon General from time to time of potential sponsoring institutions within their areas of responsibility.

Channels of communication: Field representatives of The Surgeon General should communicate directly with The Surgeon General and with army surgeons in matters pertaining to the affiliation program.

Indoctrination of successors: It is possible that before the program is fully implemented--which is envisaged at this time to be a matter of months and even years--certain of the present field representatives of The Surgeon General may have had a change of station. When such a situation occurs a replacement will have to be designated and, it will be the responsibility of the representative concerned to properly indoctrinate his successor so that the program can be carried on without interruption.

D. Colonel Walsh discussed the areas of responsibility within the Continental United States in connection with the implementation by The Surgeon General of the Medical Department Affiliation Program. He made the following statements:

Previous speakers have given you the why and the how of this program. I will try to give you the where. As previously explained to you, the implementation by The Surgeon General of that portion of the War Department Affiliation Plan pertaining to medical units involves initially the proposed affiliation of seventy-nine hospital units. These seventy-nine units, consisting of fifty-two general hospitals, twenty-three evacuation hospitals, and four mobile army surgical hospitals, will be affiliated by institutions that are widely scattered throughout the entire country.

For purposes of control in the implementation of this program the country has been divided into eleven zones. The boundary lines of those zones follow state lines in all cases except one, where Zone IX extends into a portion of the state of Texas. In each of these eleven zones, there is at least one Class II facility, from which the field representatives assembled here have been designated to act for The Surgeon General in implementing the program.

Now, on the map, of which you have copies, you will notice that the Class II installations are the large, heavy black dots. Then, each unit that is designated or proposed for affiliation is in an open circle. Within the circle is the proposed designation and type of unit, with the location of the potential sponsor underneath. There are also circles with the proposed designation and type of unit within them, together with a small black triangle, which indicates the location as designated overhead, with the name of the institution underneath--where we propose to affiliate a unit at which there is a medical ROTC unit authorized or in the process of being organized.

It will also indicate to you that there is a PMS&T at that institution, with whom the field representatives can coordinate on matters pertaining to the affiliation program.

You will also notice on this map large open triangles with the symbol ROTC inside and with the name of the institution at one side. That indicates an institution that either has, or is, organizing an ROTC unit, but to date we have no unit planned for affiliation there. However, those institutions are future prospects for expansion of the affiliation program.

In effecting the affiliation agreement with any institution, there is one point I would like to bring out. In the affiliation agreement, you will simply indicate the type of unit that they agree to affiliate. You do not indicate the designation. The War Department policy is that no designations can be absolutely promised to these institutions. However, we have on this map the designation of the unit previously sponsored by the institution concerned.

Back of this policy of the War Department lies the reason that certain designations belonging to some services have already been given out by The Adjutant General to nonaffiliated units. However, four months ago, it was arranged with The Adjutant General to have all these designations blocked. They are not being given out and they are presently available.

On this map, you will find that there are a total of forty-three institutions which have agreed to organize ROTC units, and of those forty-three institutions, this plan calls for the affiliation of thirty-three hospitals at thirty-one of the sites designated. There are two of these institutions at each of which it is planned to affiliate two units.

It is also interesting to note that of the seventy-nine units proposed or planned for affiliation, one-third or twenty-six of the units are located in Boston, New York, Baltimore, and Chicago--33-1/3 percent of all these units being planned for location in those four cities.

It is also to be noted that in Zones II and XI there are two Class II installations located within each zone. A division of zone responsibility between the two representatives of The Surgeon General in each zone can be mutually effected. It is believed that the outlining of zonal responsibility to each representative, as shown here, will be of advantage to all concerned, not only in the initial stages of implementing this program, but it will be of extreme value if and when it is decided at some future date to expand the initial program and objectives of the War Department Affiliation Plan as it pertains to the Medical Department.

COLONEL DUKE: I have one question. At civilian medical schools where there is a medical ROTC, what is the responsibility of the medical PMS&T in connection with the implementation of the affiliation program? As I recall, it was initially planned to utilize the medical PMS&T's as The Surgeon General's representatives.

COLONEL VOEGTLY: Colonel Duke, perhaps I can answer that question. The feasibility of utilizing PMS&T's at medical schools having ROTC units as The Surgeon General's representatives in connection with the implementatio of the program was considered during the early planning. On further discussion, however, decided it would not be practical to decentralize the program to that extent. It would mean we would be delegating responsibility to the present thirteen representatives, plus maybe forty-three more (the medical PMS&T's). And so, it was decided that only the Class II representatives should represent The Surgeon General and have full responsibility, each within his own assigned area. At these institutions where we have a medical PMS&T, The Surgeon General's representative will coordinate fully all his contacts with the PMS&T. In this way the medical PMS&T will be considered in the eyes of the civilian institution---and rightly so--as the representative of the Army Medical Department.

COLONEL DUKE: The Class II representative will make the initial contact, and will coordinate his contact with the PMS&T?

COLONEL VOEGTLY: That is right.

V. DISCUSSION -- WAR DEPARTMENT AFFILIATION PLAN AND MEDICAL DEPARTMENT AFFILIATION PROGRAM.....Brigadier General Guy B. Denit, Lt. Colonel A. A. Shumsky and Conferees

In the absence of General Denit, who was detained because of matters pertaining to the Medical Department legislative program, Colonel Westervelt led the discussion of the War Department Affiliation Plan and the Medical Department implementation of the plan.

The discussion was opened by Colonel Walsh, who reviewed the map showing the areas of responsibility into which the Continental United States has been divided for purposes of implementation by The Surgeon General of the War Department Affiliation Plan.

COLONEL WALSH: In forming these zones, we paid no attention to army boundary lines. We went more or less from the standpoint of size of area and density as far as hospitals to be affiliated were concerned.

In some instances, you will find that your zone is in two army areas, and possibly three. In that case coordination will be effected with the army concerned. For example, Arizona and New Mexico are in Zone IX, yet Arizona is in the Sixth Army area and New Mexico is in the Fourth. Now, if a unit was to be affiliated in Arizona, the army area representative from the Sixth Army would be the one to contact; whereas if it is one in New Mexico, it would be the representative of the Fourth Army that the matter would have to be coordinated with, and he would put it through to the institution. If you are not familiar with the boundaries of the army areas, this map will be here so that you may draw them in on your own map. You have one in the folio and you had one given to you this morning. You may draw in those boundaries for your own information, but that is a point to bear in mind. It is not the representative of the army where you are located, but it is the representative of the army where the institution who is concerned in the completion of the affiliation agreement is located.

COLONEL BREWER: How is the army commander going to react to that, one army having to do with the unit within another army area?

COLONEL WALSH: He doesn't. You are the direct representatives of The Surgeon General.

COLONEL BREWER: I know, but some army has to take over the organization,

COLONEL WALSH: The army that will take over the organization is the army in charge of the area in which the institution is located. It is the army that you will coordinate with in effecting completion of the affiliation agreement.

COLONEL WESTERVELT: We would be pleased to entertain any questions on anything brought up so far, or anything you anticipate will come up. Colonel Shumsky, who discussed the War Department angle of this program, is here, and he will be glad to answer or attempt to answer any questions you have.

COLONEL BAUCHSPIES: There is one question I am concerned with. The army area representative has mutual responsibility along with the representative of The Surgeon General. A certain gentleman is going to contact the institution. Is The Surgeon General going to mention by name who his representative is going to be?

COLONEL WESTERVELT: The Surgeon General is not going to mention the name of the representative in this next letter that goes out to these institutions. That has caused us a lot of thought. Those letters have not gone out. We have them written in general form, but we are going to personalize each letter in accordance with the type of answers received from the institutions to date. It will be essentially a personal letter. All we are going to do is to make the approach to them and ask them if they will let us know, first of all, "Do you want to affiliate right now? Do you want a representative to visit you?" No contact will be made with the institutions until The Surgeon General hears from them. At that time, if they say, "Yes, we would like to have a representative call; we would like to have him about such and such a date," then we will communicate with the representative and inform the institution that it will be visited by so-and-so in response to its request. In other words, you representatives are not to go cold to these institutions. You are not to go to these institutions until they ask for you, at which time they will be told who you are.

That will take care of one or two things, whether you or another representative will go--which we will arrange mutually--or how the thing may be set up. Maybe they don't want to hear from anybody until next fall. If anybody should be transferred in the meantime, it might be somebody's successor who would make the contact, so we will not stick our necks out and mention now the names of the officers who are going to make the contacts. Does that answer your question?

COLONEL BAUCHSPIES: No, not entirely. Are we going to set this thing up by divisions or geographic areas or units, so that if an institution wants a representative, the powers-that-be here will know whom to contact?

COLONEL WESTERVELT: I think that is an excellent idea. I think the more advanced planning we can do now, the better off we are going to be. I think that would be fine.

COLONEL BAUCHSPIES: We are not only going to have Class II installations but two areas here.

COLONEL WESTERVELT: I think that will be all right, but don't give anybody's name to the institution until they are ready for an interview.

COLONEL MOWRY: I understand you have written letters to institutions only if they had sponsored units previously. One question comes up. The Los Angeles General Hospital has been in operation a long time. The University of Southern California has recently become a four-year medical school. Since it previously had no affiliated unit, it has not been contacted on this list. The Los Angeles General Hospital received a letter and Southern California furnished the greater number of personnel. The larger medical school has not been contacted at all, although about two-thirds of the Los Angeles County Hospital staff is furnished by this University of Southern California.

COLONEL WESTERVELT: That is one of many similar cases. I learned of one this morning at Dallas. We can't be entirely up to date. We want to be up to date. That is the kind of problem we should appreciate having more information on after the meeting, so we can try to get it ironed out. As brought out this morning by Colonel Shumsky, we expect to add to the list of proposed sponsors. I don't know whether a school that wasn't in existence either during World War II or in time to get in the affiliation program is on our present list, but certainly we would give them a place on the desired postwar objective that I was talking about this morning. Southern California is not a single case. There are other instances. We are all here in the family and we know that when personal jealousies are involved it is a very tender subject. If any of you, Colonel Mowry or anybody else, can advise us of local conditions, it will be of great assistance. That will be taken up on the spot with army representatives and ROTC instructors so that these things will be handled on their merits. No two installations will be handled on the same basis. I wish you would give us a little script on the case you have mentioned so we can take care of it. That is the kind of information we need.

Apropros of one of Colonel Bauchspies' remarks, it might be helpful if the zones that serve two establishments within their own boundaries could reach an informal agreement as to intra-boundary division of medical institutions before they leave; it would save time later. Say, such and such a hospital will take this sector, such and such a hospital will take that sector, even though you may have to change it later on. This map is only partially correct; it won't necessarily be right later on. Some areas here have nothing, or very little, showing on the map, but undoubtedly something will appear there later on, so that the assignment as it looks today isn't the way it will be some months from now. Does anybody else have anything he can think of that he can bring out?

COLONEL LEONE: The armies will have to wait until they get word from The Surgeon General's representatives?

COLONEL WESTERVELT: Yes. Of course, however, we are not going to wait until the last minute to notify you, as happened in the case that Colonel Shumsky brought out this morning, where an army was notified in the morning about a meeting in the afternoon. We might do this: When we get a letter from an institution indicating that they are in a receptive mood, naturally we will contact the representative, but in the meantime we shall inform the army that this thing is in the mill. The Office of Deputy for Plans, at the present time and until a civilian component organization can be established within the Office of The Surgeon General, is coordinating matters pertaining to the affiliation program. This office will inform the Class II representatives and the armies of the progress of negotiations between The Surgeon General and the sponsors.

I think these questions are very very good. There must be some others. We would like to get some brought out while Colonel Shumsky is here.

CAPTAIN NOTTINGHAM: Have representatives of The Surgeon General's office contacted medical schools already with a view to setting up programs?

COLONEL WESTERVELT: No, we have made no contacts. We purposely withheld that, pending the results of this conference. We could have undoubtedly made some contacts. As a matter of fact, we feel we could have actually completed some affiliations without any of you gentlemen being here, but we wanted to indoctrinate a group of representatives before contacting institutions. We don't want to get a hurried answer from some of these people, "Sure, send us somebody tomorrow," and not have anybody to send. Suppose somebody from the West Coast wants somebody right now, we either wouldn't have anybody to send or we couldn't get them out there.

We want you people to have time to think this over before we send these letters out. Now, a lot of these letters are not going to be answered until Fall. We don't know how many schools will be operating in the summer time. This has been a bad year for medical schools operating in the summer. Nobody has been formally invited to participate in the program. There will be a considerable time lag, at least a couple of weeks, before any of these people will indicate a desire for an interview

COLONEL BAUCHSPIES: Are these allotments or assignment hard and fast? My question is this: I know in 1939, when I was in Syracuse, a certain general approached the medical school to form an evacuation hospital, but the dean who was there held out for a general hospital, and after correspondence, Syracuse got the 52d General Hospital, which was organized and went overseas.

I imagine there is going to be a demand for a lot of 750 and 400-bed evacs overseas. I was wondering whether the policy will be "either take the unit offered or leave it," or are they going to be able to shop around for something that will be more to the liking of the institution?

COLONEL WESTERVELT: That is a good question, I think. I am going to ask Colonel Shumsky and Colonel Walsh to answer it.

COLONEL WALSH: First of all, the present Troop Basis calls for, in the Class "A" status, four 750-bed evacs. The remainder are scattered between "B" and "C". You haven't had time to read over what "A", "B", and "C" mean, but fundamentally all units start out as "C" units, which means they have full complement of officer strength only. When they have attained 80 percent officer strength and have 80 percent cadre strength available for assignment, the army in which they are located will issue orders advancing the units from Class "C" to Class "B" status. The units can sign up these enlisted men for the cadres. When the units have attained 80 percent officer strength and 40 percent of full T/O strength of enlisted men, including cadre, application can be made for advancement to Class "A". This advancement can only be made on authorization of the War Department. When it is authorized, the units can be filled to T/O strength. The difference comes in training, which Colonel Shumsky can explain to you.

COLONEL SHUMSKY: The War Department Troop Basis is organized or prepared on the assumption of a 4.5 million-strength Army. The units included in the Regular Establishment, National Guard, and the Organized Reserve are designed on the basis of being built up to, at the end of M plus 12 months, a strength of 4.5 million. On that basis, some of the units are classified as "A" units. The "A" units will be mobilized, given additional training, and will be prepared to take the field in M plus 90 days. Other units, classified as "B" units, will be mobilized, given additional training, and will be prepared to take the field in M plus 90 to M plus 180 days. Under this system, the "C" type units will receive training for mobilization in the period M plus 180 to M plus 360 days.

It is for this reason that the "A" unit, or the unit which will eventually achieve "A" status during peacetime, must have assigned a minimum of 80 percent officer strength and 40 percent T/O&E enlisted strength, so that on M-Day all that will be necessary to make that unit complete in terms of T/O strength will be to add 20 percent officer strength and 60 percent enlisted strength, recognizing that the bulk of the 60 percent enlisted strength will be nontechnicians. The key enlisted personnel are contained in the 40 percent strength maintained during peacetime.

The "B"-type unit consists of 80 percent minimum officer strength and an enlisted cadre. During the period M plus 90 to M plus 180 days this type unit will be prepared to take the field.

The "C"-type unit consists of officer personnel only, and for its activation there is required a minimum of 60 percent officers. During the period M plus 180 to M plus 360 this type unit will be prepared to take the field.

When a Class "A", "B", or "C" affiliated unit is initially organized - all affiliated units are organized initially as "C" units--the sponsoring institution has to furnish only 60 percent of the officer strength shown in the appropriate table. The unit advances as it is earmarked for advancement to "B" or "A", and is furnished the additional officer and enlisted personnel required. The only units included in the War Department Affiliation Plan are "A" units of Troop Basis. "B" and "C" units have been released to Army Ground Forces, and, in turn, to the armies for activation. How many of these units may have been activated by assignment of individual Reserves, regardless of connection with medical institutions or schools, I, at the moment, do not know. Recognizing that some individuals holding Reserve commissions and associated at the moment with a civilian organization, regardless of whether it is medical institution or factory, may become members of these units already released to Ground Forces for activation, the War Department Affiliation Plan provides that, where a unit has already been activated by the Army Ground Forces, such a unit may be adopted by a sponsor. This will happen only in the event that a reasonable percentage of the members of the unit happen to be associated with the sponsoring organization.

When a unit, earmarked for affiliation in the War Department Plan and previously released to the Army Ground Forces, has not yet been activated, and commitments have not been made for its activation, the unit will be frozen from activation by the Army Ground Forces and reserved for affiliation.

We have made this one reservation in that arrangement, and that is that the chief of the technical or administrative service concerned will be reasonably sure that a sponsor is lined up before he requests that the activation of those units be frozen, so that if Syracuse is unhappy about a 400-bed hospital and wants a 750-bed unit, and the 750-bed units have already been taken by other sponsors, you can always turn to "B"-unit listings, determine that one is not activated yet, and have that one activated by Syracuse. The unit thus organized will not get beyond "B" status until mobilization.

COLONEL BAUCHSPIES: I would like to ask another question. These units are not going to be any good unless you have personnel in them. That, of course, is obvious, and the personnel are highly specialized.

How are these people going to be selected? I have reasons for asking this question, because a certain amount of enthusiasm will be displayed by the wrong people. The higher grades are going to be filled by people who are not going to be physically fit when mobilization takes place. They will most likely be chiefs of services, because that is what happened in one of the units I organized. The personnel was ordered to training camp, but when it came time to go overseas certain of the key personnel were wiped out. When we went overseas, these men were not there. We had to shop around to get qualified people in surgery and medicine. That is one question: How you are going to select 40 percent, 50 percent, 60 percent of the officers?

One other question which might be asked has a similar bearing. When I was on Reserve duty we had the 9th Battalion, 9th Division, the old 9th Medical Regiment, that was organized in Albany, New York. They had a wonderful esprit de corps, held regimental dinners, etc. When war broke out the officers who belonged to that unit had been called to active duty before the unit was mobilized. By coincidence I helped to organize the 9th Medical Battalion at New Orleans. Personnel assigned to the 9th Medical Battalion I organized had no resemblance to the personnel of the peacetime battalion I had known. Are these people going to remain in here or are the enthusiastic medical officers going to be pulled in from all over the United States to fill up combat units as they were in the past war?

COLONEL SHUMSKY: Let me take up the first question. You are hitting at the meat of one of our acute problems in the affiliation program when you ask the question as to what selection will be practiced in assigning individuals to units. We know that if we affiliate a unit with Sears Roebuck in the Atlanta, Goergia, Quartermaster Depot organization, the executives there would like to be assigned as key officers in that unit, regardless of their merits or qualifications. The plan recognizes that, and insofar as is practicable to do so, seeks to solve that problem. The plan provides that officers and enlisted personnel, already members of the Reserve Corps of the Organized Reserves, will be utilized to satisfy the needs of affiliated units.

I visualize that it will be some time before a provision is added to existing regulations to the effect that technicians or individuals possessing certain technical skills may be commissioned directly from civilian life. It will be some time before that comes about. This affiliation program will be implemented from personnel now in the Reserve Corps, and, there, we can make one or two assumptions.

We can assume that individuals now in the Reserves, holding commissions, are qualified in the MOS to which the War Department assigned them in their records, or they are not qualified in their MOS. If they are qualified, we have no problem in meeting MOS requirements, which should be set forth for the benefit of sponsoring institutions.

If the individuals are not qualified, let us remember that responsibility for the activation and organization--and organization means assignment of personnel--lies with the army commander. The army commander knows who the individuals are, or he should know.

The plan provides that the unit commander will be selected from among qualified Reserve Officers by agreement between sponsoring organizations and the War Department. The War Department is under no legal or any other obligation to affiliate a unit with a given sponsor. We don't want to place any sponsor under duress if it can be avoided. At the same time we want to protect the interests of the service. So if a given institution wants to have assigned to the unit individuals who in the opinion of the commanding officer are not qualified--and it is obvious they are not--there is no agreement. There is no meeting of minds, and if it gets to the point of either having a unit affiliated--this is the general policy--or accepting individuals not qualified or acceptable, then do not affiliate the unit.

I shouldn't anticipate that we will run into too many of those situations. I anticipate we will run into some. There must be a meeting of the minds between the sponsor--in order to assure him of some interest in this thing--and the War Department representatives. Does that in any way answer the first question?

COLONEL BAUCHSPIES: In general, yes.

COLONEL SHUMSKY: Well, now, specifically, when you go to the University of _____, and you get to the stage where you are negotiating for sponsorship and you arrive at the point where someone has to come forth with the name of the commanding officer of the unit, and the name is submitted, there is no hurry. We would like to get affiliated as soon as possible, but too much haste can undermine the program. When the name of the commander is submitted, the army commander, as well as The Surgeon General's representative, should have adequate time in which to check the qualifications of that individual or individuals before the agreement is actually signed.

COLONEL BAUCHSPIES: When you said they were going to be picked from present Organized Reserve Officers, that answers the question, but that was not what was done in 1939 or 1940.

COLONEL SHUMSKY: Because the War Department, or at least the services, that practiced affiliation in 1940 to 1942 were extemporizing, they had a problem on their hands and they had to do something. These individuals are members of the Reserve Corps. An affiliated unit, I repeat and underscore, is a unit of the Reserve Corps. Individuals and units are subject to present applicable regulations concerning qualifications, promotions, and all the rest of it.

COLONEL RICH: Where will we get the money for travel for the representatives of the armies and Class II installations? I don't know how much the total cut was in the Sixth Army. I believe, it was something like $1,100 for the whole year. If that is true, where is the money coming from for the travel on this?

COLONEL SHUMSKY: That is another problem we have had to face. Several army commanders who have already become involved in affiliations solved their problem in this way. I don't know how it will fit into your scheme of organization. Take, as an illustration, The Quartermaster General. We have had occasion to call on Quartermaster General representatives to attend conferences with the heads of certain industries. The Commanding General of the Second Army designated the officer in charge of the district involved as his representative, and solved the problem of travel that way. In other cases army commanders are utilizing the technical service representative in his office, and that does involve travel. We will run into the problem of money. When we find that in order to initiate an affiliation program we need travel money, we should go to the army budget officer, who is handling funds, and tell him to request additional money to permit compliance with the War Department Affiliation Plan if he does not have adequate funds for this travel. That is probably as good a way as any to get more money, because the Affiliation Plan is close to the hearts of the Secretary of War and General Eisenhower, as well as others in the War Department.

Now, to reply to your second question. With respect to the 9th Medical Battalion of the 9th Infantry Division, again we recognize the problem involved in the matter of insuring or guaranteeing the integrity of the unit after it is mobilized--if it is mobilized. On the one hand, it is highly desirable to keep these people together; on the other hand, you run into situations where you must have some of these people for other assignments. It is for that reason that the wording in that plan is to the effect that insofar as possible, and based on the exigencies of the situation, those units will be kept intact. No sponsor will be assured, however, of the integrity of the unit it sponsors after mobilization. We just can't do it. Once a unit is mobilized, control of it must pass to the War Department.

COLONEL WESTERVELT: Any further questions? We have run a little overtime, but if somebody else has a problem as interesting as this, let us get it on the table.

Colonel Walsh has tipped me off to a partial answer to Colonel Bauchspies' problem. Should the question come up at the time a representative is actually in negotiation with an institution and the institution decides to sponsor a unit, but does not like the type unit offered, the matter should be referred to this office. The affiliation troop basis is flexible, to a certain extent. This office, with Organization and Training Division, WDGS, will attempt to make available the type unit desired. Mobilization requirements, however, are the limiting factors.

VI. PERSONNEL POLICIES AND PROBLEMS RELATING TO THE AFFILIATION PROGRAM .....Colonel Homan E. Leech, MC

Colonel Leech, Chief of Military Personnel Branch, Personnel Division, OSG, reviewed the personnel policies and problems relating to the affiliation program. He made the following statements:

Certain of the policies regarding personnel as related to the affiliation program are still in the planning stage, and for that reason will not be brought up in this discussion. But I would like to mention those policies that are firmly established and which will give you a certain sound footing when a discussion is held concerning the affiliation program with the officials of a potential sponsoring unit.

The information that we can provide, in general, has to do with procurement and separation of officers and enlisted men from the Officers Reserve Corps, because in general the policies, including appointment, promotion, and education, are in accordance with the policies established and approved by the War Department for the Organized Reserve Corps.

Colonel Shumsky mentioned the fact that initially all officers and enlisted personnel will be those presently in the Organized Reserve Corps.

Now, membership in the affiliated unit is not necessarily restricted to personnel that are members of a sponsoring unit, but I would like to mention that dual membership in affiliated units, the National Guard, the Regular Army, or other Reserve units is not authorized.

We have passed out for your information and guidance certain circulars which you may or may not have seen. You probably have not seen them altogether at one time. They will give you information concerning personnel policies of the Officers Reserve Corps. I would like just to take your time long enough to mention briefly a few of the pertinent facts in regard to these circulars.

First of all, you may be asked or hear asked questions concerning "old" and "new" commissions. Reserve commissions granted prior to and during the early years of the war are referred to as commissions in the "old" Reserve. While they were originally issued for a specified five-year period, war legislation extended them for the duration plus six months, at which time they will automatically expire.

A "new" commission is one which is established in accordance with WD Circular 270, 1946. Commissions are again tendered for a specific five-year period; they may be renewed at the conclusion of that time.

Circular 356, 1946, covers the organization of the Reserve in a general fashion--training, command, composition, etc., and has several amendments, copies of which have been distributed to you.

I would like to call your attention particularly to WD Circular 101, 1947, which covers all phases of officer procurement, including Reserve, National Guard, and Regular Army.

In connection with Reserve activities, there are three types of personnel to whom we may be interested in giving a new commission, They are:

a. Those presently on active duty;

b. Those who have been, or are being, separated from service;

c. Those with no previous military experience.

I will discuss briefly the male personnel first. For general information see Circulars 270 and 356, 1946. If an officer is on active duty and he requests a Reserve commission, he should make it in letter form, referring to WD Circular 97, 1947. Commission will be granted in same grade as currently held, unless the officer is qualified for promotion under WD Circular 140, 1946. He will not be promoted higher than colonel. He should be in the age group from 21 to 59 years.

If an officer is separated or being separated, he should make application, referring to WD AGO Form 170 per WD Circular 270, 1946. Commission will be granted in same grade unless qualified for promotion as above. The age group again is 21 to 59 years.

An officer who has had no previous military experience may apply for direct commission, using WD AGO Form 170 in accordance with provisions of paragraph 17c, WD Circular 101, 1947. He should be in the age group of 21 to 59 years.

Tables of grades by ages are being worked out by the War Department.

Persons qualified - doctors, dentists, veterinarians, and qualified specialists that may have specialties peculiar to the activities of the Medical Department as prescribed by the Secretary of War -- this is intended to include bacteriologists, sanitary engineers, biochemists, pharmacists, clinical psychologists, etc.

A brief word about the female officer personnel. If a nurse is on active duty, she may make a request for a Reserve commission by referring to WD Circular 97, as amended by Circular 134, 1947.

Her rank will be the same as that held unless she is qualified for promotion under Circular 140, 1946. She may be promoted and hold grade up to and including that of lieutenant colonel. Women's Medical Specialist Corps officers may be promoted up to and including the grade of major. These officers should be in the age group from 21 to 44 years, inclusive.

If a female officer is being separated or has been separated, she may request a Reserve commission, using WD AGO Form 170 per Circular 270, 1946, as amended by WD Book Message WCL 28509, dated 24 June 1947. The rank will be the same as above. She should be in the age group from 21 to 44 years, inclusive.

If a female individual desires a commission and has had no previous military experience, a new circular amending WD Circular 101 will be published in the immediate future which will make commissioning of this group of females possible. Applications will be made on WD AGO Form 170. These individuals must be in the age group 21 to 27 years, inclusive. All appointments will be made in the grade of second lieutenant.

General Qualifications. Nurses must be graduates of schools of nursing approved by The Surgeon General.

Dietitians must have a BA degree from an approved college or university with a major in either foods and nutrition, or in institution management, and shall have completed a dietetic internship approved by The Surgeon General.

Physical Therapists must have completed not less than three years (90 semester hours) in an approved college or university with major emphasis in physical education or biological science, or have graduated from a school of nursing, and, in addition to one of the above, a training course in physical therapy approved by The Surgeon General.

Occupational Therapists must have completed not less than two years (60 semester hours) in an approved college or university and a training course in occupational therapy approved by The Surgeon General.

That is the most sound information that we can furnish you regarding procurement of male and female officer personnel.

It may be that a question will arise about separations from the

service or from the Reserve Corps. Resignations are, of course, accepted for good cause. Then, also, officers will be discharged from their commissions and separated from the service if convicted of a felony involving moral turpitude, etc., or in the case of a medical officer, if his license is taken away by the state society. Involuntary separation for other causes will be by means of reclassification proceedings.

Just a word about enlisted men. The initial procurement of enlisted personnel will be from volunteers who have served honorably in the armed forces of the United States. Continuing procurement will be from the same source and from volunteers without prior service in the armed forces.

Enlisted personnel, the same as officer personnel, may be allowed to resign for reasonable cause. They will be discharged from an affiliated unit at the termination of the required period of service. Re-enlistment is authorized. They will be discharged at any time for conviction by a civil court of a felony involving moral turpitude, or entry into the service of a foreign country.

This information is the sum total of what we can glean from the War Department Affiliation Plan and from Reserve Corps data. Colonel Piper and Major Mackin from the Procurement and Separation Branch are here to answer any questions which you may have regarding this program. If your questions lead toward information which is still in the planning stage or still not firm at all, we will tell you so, but in the official presentation we wanted to mention only that data that is sound, because we feel that is the only material that you can honestly and safely give these people. Otherwise, we delve into wishful thinking.

COLONEL WESTERVELT: Does anyone have questions on personnel he would like to ask these gentlemen?

COLONEL PIPER: I want to mention one point. Within the Medical Department 70 percent of the Reserve Corps officers are in field grade. We have a problem placing these officers by rank.

VII. POLICIES PERTAINING TO EDUCATION AND TRAINING OF PERSONNEL AND UNITS OF THE AFFILIATION PROGRAM.....Colonel Raymond E. Duke, MC

Colonel Duke, Chief of the Education and Training Division, OSG, discussed the policies pertaining to the education and training of personnel and units under the affiliation program. He made the following statements:

Gentlemen, first of all, you know the mission of the Organized Reserves and as Colonel Shumsky has told you, the affiliated unit is just a part of the Organized Reserves. Hence, the mission of the two is the same.

The mission of the training program for affiliated Reserve units will be to prepare them to operate effectively as elements of the Army of the United States according to the planned mobilization schedule. I would like, first, to discuss training in general for the Reserve components.

The establishment of an adequate training program for our medical Reserves for the next few years is going to be difficult. We are encountering now and are going to encounter many obstacles and I believe we should look at the problem realistically.

First of all, our medical Reserves for the next few years at least--and I am speaking of medical officers--will be composed of a part of the 54,000 civilian doctors we had in the Army during the war. About eight thousand of them so far have signed up for the Reserves. We expect a few more of them will. So that is going to be the Reserve for the next few years. They are relatively well trained. Why? Because they have recently been in the Army.

These individuals at present are very busily engaged in reestablishing themselves in their private practices. The average individual will be willing to devote very little time to military training, and I think we are going to have to realize that. Also, there is presently in the Medical Reserve and among the officers who did not join the Reserves on separation a general feeling of resentment toward the Army and toward anything military.

It is going to take us several years to overcome this general attitude. Some of this criticism is justified. We made some mistakes during the war. There is no doubt about that. Much of the criticism is not justified. Certain things happened in this war in the use of Medical Department personnel which were unavoidable. You have difficulty convincing a Medical Corps officer that it was necessary to sit two months on the shores of England, whereas in reality that was very necessary. They were part of a reserve, and had we lost quite a few medical units--which we didn't--but

had we, in that invasion, that reserve would have been there to be utilized. It was there for that purpose, but it is hard to convince a Reserve Officer of that fact. There was much sitting around because of ships and shipping, and that was unavoidable. But in the eyes of the average Reservist, that is not a legitimate reason for keeping them inactive. We should realize the general attitude that exists, analyze the reasons for it and work continuously to overcome it.

Another handicap we have, and will have for some time, is the shortage of medical officers in the Regular Army. For the next few years, we will not be able to assign sufficient officers to civilian component training. Right now we need 350 Medical Corps officers to assign to Reserve units and to the National Guard, which we don't have--I am sure the Personnel Division will back me up in this statement--and we will not have them for some time. This means that the Army Ground Forces will have to do the best they can with what they have. They will have to organize, supervise, and conduct this training with insufficient personnel.

While the situation may look rather dark at the present time, it is far from hopeless. We will have in operation this fall a very greatly improved medical ROTC program. We will have medical units established and operating in forty-six of our Class "A" schools. This is twice the number of units we have ever had and is two-thirds of the accredited medical schools in this country. In the fall of 1948 I believe we will have an additional seven to eight units. This will mean there will be in the next few years a large number of young doctors coming into the Reserve Corps upon graduation from medical schools. This is the group on which I believe we should concentrate our efforts.

There has been formulated here in The Surgeon General's Office a Medical Department Plan for the Organized Reserve Corps. If we can get this plan approved by the War Department and into operation within the next year, I believe it will furnish a sound foundation on which to build a good and adequate Reserve program. This plan encompasses the procurement, initial appointment, promotion, organization and training of the Medical Organized Reserves.

In all of our medical training programs—Regular Army, ROTC, National Guard and Reserves, I believe we should endeavor to make them a bit more professional in nature--simply because that will make them more acceptable to the officers concerned.

Don't misunderstand me on that statement. The primary mission of the Medical Department, Regular and Reserve, is to be ready for mobilization, ready for war, and this cannot be accomplished entirely through professional training. Military training, administrative and tactical training, remains of paramount importance in preparing our personnel for wartime assignments, and our training programs should be so formulated.

However, you can force this training on the Regular Officer but you can't force it on the Reserve. The average doctor--it is true of our Regulars even, and especially true of our Reserves--dislikes purely military training. We must include in our training programs sufficient material of a professional nature that the Reserve Officer will be interested enough to devote some time to it.

I think we should be careful in selecting professional subjects. We should select those of a military nature or those which have military importance. I think that we should make the maximum use of our excellent group of professional training films, and that is something we are not doing right now. The average Medical Reserve Officer will accept considerable military training if it is given along with and interspersed by some interesting, pertinent professional training. In other words, a little sweet along with the bitter will make it more palatable.

Just a few words about the policies pertaining to the education and training of the affiliated units. I want to tell you first what I think you will run into when you go out to contact these schools and hospitals. I am sure this is what you will run into: Boston City Hospital said, "We would need Army personnel to conduct training." The University of Maryland said, "We need lecture periods, active duty; correspondence courses are valueless for professional men." The University of Minnesota said, "Military training of such a group will not be successful--" Western Reserve University says, "Little preliminary training is necessary."

So that is the attitude you are going to run into when you go out to contact the civilian institution.

As Colonel Shumsky pointed out to you this morning, the War Department Affiliation Plan specifies that in concluding the affiliation agreement one of five combinations of training will be accepted. These five combinations are as follows:

1. Weekly training periods plus 15 days summer camp. That is mostly for Class "A" units organized with 80 percent officers and 40 percent enlisted men. There is, I think, legislation pending in the 80th Congress which, if enacted into law, will provide some Army-type pay for the Reserve units just like the National Guard has had for years. We don't know whether that is going to be enacted into law.

2. Twice monthly training periods (home training) plus 15 days of summer camp. This will apply mostly to "A" and "B" units.

3. Monthly training periods plus 15 days of summer field training. This is for Class "A", "B", and "C" units.

4. Monthly training periods, no summer field training. This is for "A", "B", and "C" units.

5. Quarterly training period, no summer camp, for Class "A", "B", and "C" units.

The plan states further that monthly or quarterly training periods will be acceptable only for those units whose civilian occupation is:

1. So closely allied to its military assignment that further training in its primary mission, though desirable, is not essential.

2. One which precludes armory type training or summer field training An example might be an affiliated medical unit at a civilian hospital. The unit performs the identical task in peace that it would perform in war. The continuous operation of the hospital might make it impossible for a group to cease their hospital activities.

I believe this is correct. I believe that the great majority of the units which you contact or affiliate will prefer Option 5, that is, quarterly training periods, no summer camp.

I would like to ask a question here. Suppose a hospital states, "We won't agree to any summer training," does that definitely eliminate it from the summer training provision in the program?

COLONEL WESTERVELT: I would say not. I think that might be a case that should be referred to the War Department before the agreement is signed, but I certainly believe, if a unit insists that it won't take any training at all, with War Department approval, it can participate in the program.

COLONEL HAFF: Wasn't group 5 there just quarterly training periods with no summer training?

COLONEL DUKE: But suppose a group says, "We won't accept quarterly meetings?"

COLONEL HAFF: Why bother with them?

COLONEL WESTERVELT: That is a question which we should have answered for the group here now, if we can possibly get a decision on it from Organization and Training Division. We'll get the answer before the conference adjourns.

COLONEL HAFF: What recommendation are you going to make to him if he asks you for one?

COLONEL DUKE: I think I will answer that when I go on. I am sure some of the units which you contact will want no training whatsoever. It is possible that a few units with an enthusiastic staff and an eager,

energetic, capable commanding officer would prefer Option 4, monthly training periods.

Remember that the major burden of training affiliated units will be borne by the civilian sponsor in the normal course of operating activities. In the monthly or quarterly training periods the army areas should coordinate, supervise and assist in conducting an interesting and attractive two-to four-hour training period.

It is my belief, Colonel Haff, to answer your question, that we should allow a unit to become affiliated even though the sponsors will not prescribe to any training whatsoever. I will give you the reasons for that in a moment.

Again, I think this training period, whether it be monthly or quarterly, should be partly professional and partly military. I think that we could hold interesting quarterly meetings. I think that the army areas that have supervision could solicit the cooperation of the nearest general hospital in presenting new, interesting, or unusual cases in some program of a professional type. I think we should take advantage of our army area consultants and consultants to general hospitals in presenting professional subjects. From the military standpoint, bring the unit up to date on any recent changes in the T/O&E or changes in policy of utilization of their particular unit. There again I think we should make use of our training films, both military and professional. This war has given us a group of training films which cannot be equaled anywhere in the world. We have films such as:

1. "Let There Be Light," which most of you have seen, I am sure, an excellent 60-minute film on rehabilitation of combat exhaustion cases. It is recognized in psychiatric circles as the best film of its kind.

2. Excellent film on rehabilitation of the deaf and the blind

3. A great number of films showing highly technical surgical procedures. We have a film on "Vagotomy for Peptic Ulcer" in sound and color. You can't find anything like it anywhere. We have one on "Pulmonary Lobectomy." These are in color and sound.

4. There are a host of films on parasitology, entomology, tropical and communicable diseases.

5. There are special training films, such as:

   a. "Medical Service in the Invasion of Normandy"
   b. "The Evacuation Hospital"
   c. "The General Hospital"
   d. "Medical Support in Ship-to-Shore Operation"
   e. "Evacuation of Casualties"

All of these films are in sound and many are in color. They run from ten minutes to an hour and a half. Many of them were completed after the war ended. We are lending these films right now to medical schools and medical societies throughout the country--and we are not utilizing them at all ourselves to best advantage. With a little enthusiasm and interest quarterly training programs can be made interesting and attractive for the affiliated unit.

Before any unit is ready to operate in the field, the personnel will need a short period of individual and unit training. That is brought out right in the schedule. Even for class "A" units that have eighty percent officers and forty percent enlisted men, it is a matter of ninety days after mobilization before the unit is ready to operate. It is impossible through Reserve training alone to have a unit ready for operation the day the unit is called into the service.

This past war has shown that we can mobilize and train our Medical Department units and have them ready to function before the combat units are ready to function. I think we can take one of these affiliated units right out of the hospital, with no military training at all, give them administrative officers and noncoms, and have them ready to function fully before you could hope to activate, organize, and train a combat unit.

I don't think the training you are going to give them in one or two hours every three months, as far as preparing them to do their mission, is going to be very important. Even a monthly training period would not do it. As you will recall, the Organized Reserve Corps held monthly Reserve meetings. When mobilization came, we took all the Reserve Officers and all the ROTC graduates, with no military training, threw them all in one pot, put them through a course at Carlisle, and then put them all into one unit. I think that is the main purpose of the Medical Affiliation Plan.

Now those are my ideas on training. Are there any questions or any different ideas?

COLONEL HARTFORD: What is the proposed status of funds for training of Reserves?

COLONEL DUKE: I can't answer that.

COLONEL HAFF: How much active-duty training will they get?

COLONEL DUKE: I don't think they will get any as an affiliated unit. You will never get them as a group because they can't close down the civilian institution they are operating, in order for the unit to take the field.

COLONEL HAFF: Will there be enough funds to affiliate members of affiliated units with an Army hospital for, say, two weeks training? If you can do that, you can accomplish your training.

COLONEL DUKE: In the Organized Reserve Plan that I have told you about, which has been formulated in the Office of The Surgeon General, there is training provided in several different ways. First of all, there are correspondence courses. I don't think too much of them. I don't think they should be required for promotion. I think they do have some value. We can write a correspondence course that does have some value. Training is provided in that plan so that any man can come on active duty for two weeks up to ninety days, he will be assigned to a general hospital for professional training or assigned to the Ground Forces for administrative or staff training. There is also training provided in the plan so that a Reserve Officer who belongs to an affiliated unit can attend the Medical Department basic affiliated course or an advanced affiliated course. These two courses we are running down at Brooke for the first time this summer.

We have a plan which may go into effect for professional training of Reserve Corps officers. I think we can ask a medical school--we have already contacted four such schools--to consider specialized training in the specialties for a group of Reserve Officers, ten to fifteen Reserve Officers. They have signified that they are willing to do so. I think we can give them that training, and along with that, I think we can give them some military training. Those are the types of training that are set up in this plan.

We would leave it pretty much to the reservist whether he wants to limit his training to an extension course; whether he wants to come on active duty in hospitals or with the Ground Forces; whether he wants to attend advanced affiliated course on duty or the professional two-week type of course. This plan does not as yet have War Department approval.

COLONEL HAFF: What I think you would have to worry about is the training of enlisted personnel.

COLONEL DUKE: All these units will be activated as "C" units. I think that will be the end of it. I don't think we will ever have affiliated units up through category "B" or category "A" units. We only had three thousand enlisted men in the Reserve before the war. Does anybody know what the enlisted Reserve strength is at the present time?

COLONEL RUDOLPH: We have sixty odd thousand in the Third Army.

COLONEL DUKE: I don't know. I am perhaps a little pessimistic. There is a big question as to how far we are going to be able to go in affiliation toward advancing to "A" and "B" units.

COLONEL HAFF: The only thing is to give them something in which they are interested. That was not done before this war.

COLONEL DUKE: I think frankly that Universal Military Training is the answer to the advancement to "A" and "B" units. If we get Universal Military Training and if you have the option of joining the enlisted Reserve Corps for a number of years we could assign enlisted personnel to units and train them. Unless we get Universal Military Training or this Army-type pay bill goes through, I don't think the enlisted Reserve will be sufficient to advance many units up to "A" and "B". If we get Universal Military Training, it would be wonderful. It would be our answer in the affiliated plan as far as enlisted personnel is concerned.

COLONEL RUDOLPH: Don't you know that enlisted Reserves are entitled to come out for from thirty to ninety days and they are coming out, too?

COLONEL BREWER: We have some at Brooke right now.

COLONEL RUDOLPH: We give them jobs according to their MOS.

COLONEL DUKE: How many do you have?

COLONEL COATES: We have had four.

COLONEL BREWER: We have had eight or nine.

COLONEL DUKE: I think that fits in with the over-all group you are going to have. There are going to be very few. I don't contemplate--or at least haven't contemplated--setting up any training for enlisted individuals in the affiliated units. Those units will be activated as Class "C" units to begin with. When and if we get enlisted personnel into them, we may be able to conduct some training for them.

COLONEL REYER: What is your anticipated source of enlisted personnel? From the affiliated medical school unit?

COLONEL DUKE: I don't know. I don't think you are going to get them.

COLONEL REYER: I don't see where you will get them.

COLONEL DUKE: I don't think they are available, nor are they going to be available unless we get Universal Military Training. Even this Army-type pay for Reserves won't help too much--if they are privates and privates first class, they will get about $2.00 for coming out for a weekly training period.

COLONEL WESTERVELT: There were a number of those units we took overseas that belonged to the Reserves before they went over.

COLONEL DUKE: There were only about three thousand before this war. We have more now. I think this is an indication of how many you are going to have.

COLONEL WESTERVELT: Your question is whether you get enlisted men or not, they will not be men from the parent organization?

COLONEL REYER: Naturally, none with any medical school training--where are you going to get enlisted men to join the unit?

COLONEL WESTERVELT: You may not have any. If the affiliated units do not advance beyond a "C" category during peacetime, they will have to become "A" units after mobilization.

COLONEL DUKE: A large civilian medical institution doesn't have 250 men that can be assigned as an enlisted unit. This whole thing starts out with "C" units. I don't think we should concern ourselves with the training of enlisted personnel at this time.

COLONEL REYER: What about officers?

COLONEL DUKE: This is purely my own opinion. Don't hesitate to express your opinion on it. I think that the affiliation program worked quite well in this war. There are some disadvantages to it; there is no doubt about that. These units were difficult to administer at times; but the affiliated hospitals, at least in the European theater, I think, were the best hospitals we had on the average.

COLONEL HAFF: They were bound to be. They had the cream of the crop. That is just why the other hospitals weren't that good.

COLONEL DUKE: When we began to get hospitals over there, they were short specialists. The first of these hospitals were shipped direct to France. They were all 3100's. There was not a specialist in this group. If it hadn't been for the affiliated units that we could split up and put into other units we would have been in very bad plight.

Is there any disagreement on this training? If this affiliated unit doesn't want any training, should we skip that unit and not affiliate it?

COLONEL HAFF: I don't think they should be called affiliated units.

COLONEL DUKE: The affiliated units that signed up before this war never came in and got training. It was nothing but a paper organization. I don't believe they had personnel assigned.

COLONEL HAFF: With your various categories, you can cover all the things.

COLONEL BREWER: All being "C" units, I would say go ahead.

COLONEL DUKE: The main purpose of this thing is to interest and to keep interested a small group so that they will come in after mobilization, and be willing, eager and anxious to come.

COLONEL HAFF: Don't you think that you should do it this way? Have some institutions with no military training; another institution, train a little bit. Split them up. For instance you have, "A", "B", and "C"; you could have "D", "E", and "F" categories, depending on the training they do, so there wouldn't be any cause for griping among people who are very closely associated with each other in a community. Say Hospital A in Boston did no training and Hospital B right alongside with some people on the same staff did have training. Before long these people would say, "What the heck am I doing all this training for?"

COLONEL DUKE: Most of them won't do much training. We will give a man a certain slot, telling him, "In case of war you will be chief of service; you will be in a general hospital." He takes his chances when he comes into the service, so there are inequalities in the thing, but with all the inequalities in the affiliated units, I think the advantages outweigh the disadvantages.

COLONEL WESTERVELT: I will ask Colonel Bruce to check with Ground Force Headquarters as to whether they will accept such a unit or not. Whether this unit will be acceptable if it refuses to train is something that only General Devers can answer. Colonel Bruce will call the Ground Forces this afternoon and will try to have the answer tomorrow morning.

COLONEL BREWER: It says here in the material we have that visits will be made to civilian agencies and that training tests will be conducted during field training periods. The civilian institutions are not likely to be in favor of this. It is the same business as officers going through the hospitals while they are working.

COLONEL COCKE: They will welcome you.

COLONEL BREWER: Not with the feeling prevailing at the present time.

COLONEL COCKE: Have you ever been in those installations?

COLONEL BREWER: No, just looked around.

COLONEL COCKE: They have been very glad to have us in the First Army Area. I've been taken all through; they couldn't do enough to show me the place.

COLONEL DUKE: Colonel Gorby, how do you feel about this situation as far as the affiliated units are concerned, training requirements, what should be required or what can we reasonably hope to get?

COLONEL GORBY: I rather feel that we don't want to over-stress our affiliated unit against other Organized Reserve components to the point where we may set up so many of these that we confine the man who is not a member of an affiliated unit. It is important that a particular affiliated unit is required to do some training as a balance against that need for having something to build on. If you get the proper balance, I feel we might have to give a little to get up to a certain point, but if we get up there, I say we should tighten up on it, and from there on insist on training.

COLONEL DUKE: Remember that members of the affiliated unit and members of the Reserve Corps will be guided by the over-all Reserve Corps plan which will cover promotions of all Reserve Corps officers.

COLONEL GORBY: That is true, but the desirable assignments are in this type of unit.

COLONEL DUKE: There is no doubt about that. That is one of the inducements of the affiliated plan.

COLONEL GORBY: That is why I think they should be required to do a little toward assuring themselves of that assignment on mobilization.

MAJOR BRIGHTWELL (Air Surgeon's Office): In pursuance of your own idea if followed, most units will accept Option Four. For this reason if you incorporate that one quarterly meeting or period into a hospital staff meeting, where your unit presents the staff proceedings at a different time, it has local political significance, particularly in large hospitals, because the proceedings are published, and all the necessary military training could be done by the best method, which is a film. You can sell military training by a good film better than by twenty hours of drilling.

COLONEL DUKE: I think we could combine the so-called training period with a staff conference. After all, it isn't like a combat military unit. That is the reason I said I think we should combine it some with professional work.

COLONEL RICH: Actually, what you are dealing with in the "C" unit is professional people entirely. Their work is not administrative at all. If you could take any of those men--include the ENT man in that--and in two weeks' time on mobilization put them to work in an Army hospital where they could learn the administration of their own services--and for that reason if you insist on training in some of these units, you will drive out some men that just won't be bothered going to meetings once every three months.

COLONEL DUKE: The plan brings that out also.

COLONEL RICH: What this needs is recruitment. Put administrative officers in there. The little bit they will have to know other than their professional knowledge they can get during the first ninety days.

COLONEL DUKE: That is right. That is why I say we can mobilize them and train them, and the units we have which participate in monthly training periods or quarterly training periods won't be able to get ready any faster than the ones which have no training period whatsoever. I just don't believe that training there is important for preparing them to perform their mission. I am talking about hospitals entirely. I am not talking about battalions and other types of medical units.

COLONEL COCKE: The selection of the proper commanding officers can overcome all the difficulties we are discussing right now.

COLONEL MOWRY: You spoke about promotion being the same as in the regular Reserve Corps.

COLONEL DUKE: We will follow those requirements for promotion and so on. We will have to realize there will be a constant change in personnel in affiliated units, changes, changes all the time. Every month or two rosters will have to be brought up to date, especially for junior officers, nurses and senior officers, because of constant turnover of personnel. Frankly, I don't think it could be hoped that many units would remain intact upon activation and mobilization. There would be the same headquarters group assigned there on paper. One reason is that most of the people--come mobilization--are not willing to let out all their people and let them go to the Army. Any hope of having them 100 percent according to the roster is wishful thinking.

COLONEL RICH: How much good will they get out of a quarterly training period? It is going to be nil.

COLONEL DUKE: We can only maintain interest.

COLONEL RICH: Call it an organization meeting. That is about what it would amount to anyway.

COLONEL BRUCE: Colonel Bauchspies, you commanded a unit during the war, did you find much assistance from nonmedical officers during the war, pharmacists, accountants, and such? Are they worth considering or not?

COLONEL BAUCHSPIES: The 38th Evacuation Hospital had a very interesting history; it was an affiliated unit, but it certainly was not organized the way other units were organized. It would be a fertile field

for getting good units. I am not disparaging other units. Some of the background to the organization of this unit is of interest.

When General Marshall attended a football game at Charlotte, there was a big dinner that evening following the game. At that dinner several doctors approached General Marshall about forming a unit. He was very responsive to the idea. When he came back to Washington he talked with General Lull. Correspondence went back and forth for sometime. Then there was a sort of blanket "No," that affiliated units were only being organized at large hospitals. Charlotte Memorial is a small hospital, like hundreds scattered throughout the country, but after receiving the letter from General Marshall, they enlisted the aid of Fred Rankin and a group got together and organized a unit. They designated themselves the 38th Evacuation Hospital, and they worked out to be a pretty good unit.

Now, as far as the administrative officers, they had a group of men, both enlisted and the service officers, certain pharmacists and supply officers, who volunteered to go along with the unit. The supply officer was a man who ran the laundry in Charlotte, and the mess officer ran the Coca Cola business there. These were the personnel who formed the affiliated unit. There were a number of enlisted men that came out of Charlotte and joined the unit.

My answer to the question, "Where are you going to get enlisted men?" is this. If you would enlist men that are going to mean anything you could go out in the community and get enlisted men the same as the National Guard does. Some fellow gets command in some town and he goes out and enlists men in his organization. Affiliated units could get enlisted men in the same way.

I don't know whether that answers your question, Colonel Bruce, but these administrative officers are not necessarily from the hospitals. One man was an executive of a Coca Cola business; another ran a laundry. They had nothing to do with the hospital itself. A member of the police force was the adjutant. The vice-president of a firm was the detachment commander. Those men went with the unit. I suppose the personal friendships of the administrative group with the professional group had a great deal to do with it. Get these other people together in the administrative group and they will go out into the community and interest those people who are required.

COLONEL DUKE: I think that is very true, and I think that thing will happen again, but in peacetime I don't think it will interest them sufficiently to get them to give up their time for training in any particular assignment.

COLONEL BRUCE: If this inactive duty pay bill passes, you are going to be very hard put to find your administrative men for these affiliated units.

COLONEL DUKE: If the proposed legislation for Army training type of pay goes through, we may see quite a change in the attitude of our Reserve Officers. There are now only eight thousand Medical Corps Reserves out of 50,000. We may yet see a very large number. That is a very attractive feature for the Reserve Officer if it goes through, so we may see quite a change in the attitude of these officers, but at the present time, we don't know that the bill will pass.

Is there any other question in regard to training, other than this question of whether or not the unit will be affiliated providing the sponsor will not accept even option 5, or quarterly training periods? We will try to have the answer for you before you leave tomorrow.

I urge you again to look over our list of training films and to make better use of them, whether it is ROTC training, the training of Reserve units, the training of affiliated units, or local professional training down in your general hospitals. There are some films there that can be used in residency training programs which are not being utilized. There are several hundred films, and they are superior, so I urge you all, either personally or for training officers, go over the list of films. They are available in every Signal Corps library for the asking. It worries me when I see these civilian medical schools using these films and the Army not using them when they belong to the Army. So I urge you to look into the matter of training films in regard to any of your Medical Department training, whether military or professional training.

VIII. POLICIES PERTAINING TO SUPPLY OF AFFILIATED UNITS.....

Colonel Jenner G. Jones, MC

Colonel Jenner G. Jones, MC, Assistant Chief of Supply Division, OSG, discussed policies pertaining to the supply of affiliated Medical Department units. He made the following statements:

Gentlemen, I will give you a very brief presentation of the supply picture as applied to these affiliated units and to the Organized Reserve Corps units in general.

As you can well imagine, after VJ-Day the demobilization of the Army and the deactivation of units resulted in huge quantities of equipment and supplies becoming available for disposal and other purposes. The War Department has had in mind the Organized Reserve Corps program, the National Guard Program, and the affiliated unit program throughout this period and provision has been made for the equipment of these units, which I will discuss today.

The Supply Division of The Surgeon General's Office has recapitulated the assets in the Medical Department insofar as equipment and supplies are concerned, and has made provision for the various requirements which the Medical Department is obliged to meet. These requirements, of course, include the day-by-day supplies of the Army at its contemplated strength projected over a period of several years, the General Reserve units, the mobile force, the overseas requirements, of course, and then in addition to that, the requirements for the initial equipment and maintenance of the various civilian components: the National Guard, ROTC, and the Organized Reserve, including the affiliated units. A Universal Military Training program also has been contemplated. Other requirements which I won't mention here are also included.

Incidentally, on top of this requirement there have been added the War Department reserve stocks which included certain requirements for a medical reserve to be used in case of disaster or sudden attack on the United States for the care of civilian casualties.

In addition to this we have also provided a broad operating reserve which includes supplies and equipment for which there is no known need at the present time, but for which requirements will develop in the future. These supplies are of such a nature that they will not deteriorate. They will store for life or for a considerable length of time, and the cost of storage is relatively small. They can be retained in depot stocks against the time when we would have to procure them if we had not retained them.

These stocks were added up after VJ-Day and, needless to say, they have been added numerous times since then. We proceeded to declare the rest of our depot stocks, both in this country and overseas, surplus to the various disposal agencies. We turned a great deal of stock (supplies and equipment) over to the Veterans Administration to assist them in the initiation of their program. The disposal agencies have actually disposed of some $80,000,000 worth of medical supplies and equipment in the United States, and about $125,000,000 overseas. We still have forty million declared to disposal agencies in this country and fifteen million overseas yet to be disposed of.

Included in the stocks to be retained we have earmarked equipment for these Organized Reserve Corps and affiliated units. This stock will provide for the initial equipment of these units in the event they are required to take the field. Since the affiliation program is an integral part of the War Department's Affiliation Program, we have retained equipment to supply fully all of the units which are in the program. This material, of course, will be issued these units without reimbursement.

The material which is not available for them, including many deteriorating items and liquid items, has to be provided from funds which are appropriated for the Organized Reserve Corps.

The actual distribution plan for the supply of these units is contained in WD Circular 3, 1947, which provides for the issuing of equipment and supplies to these units. I won't take the time to go over this circular, but will give the reference and you can read it if you so desire.

The actual procedure to be followed in obtaining equipment for these units is contained in WD Circular 81, 1947. This circular provides for the appointment in each army area of an Organized Reserve Corps property officer. This officer is designated as accountable officer for all equipment and supplies which may be requested and issued to any of these affiliated units. The responsibility for the requests for supplies for these units upon activation rests upon this officer. The responsibility for replenishment of requisitions rests with the unit commander. He makes his requests, however, through the Organized Reserve Corps property officer.

We have, as I say, earmarked in our various depots throughout the United States supplies and equipment for these units. The supplies are available upon requisition. Shipments, although made directly to the affiliated units, will be shipped to the accountability of the Organized Reserve Corps property officer.

Provisions have been made in Circular 81 for the return of equipment, also for a survey of properties which have become unserviceable, also for repair and maintenance of any equipment which may be issued. I have a few copies of this circular here which can be passed around and which you may obtain if you so desire.

The allowances for these units are contained in the War Department Table of Allowances No. 85-8T, dated 17 June 1946, of which I also have a number of copies here. I will pass these around and you may retain them.

It will be evident from the examination of these allowances that the "C" units get very little if any equipment. There is some individual Quartermaster equipment which is authorized for issue, as well as some small amount of organizational equipment. Some engineering equipment is also authorized for issue.

There are two groups of units in here: one contains the medical battalions and surgical and evacuation hospitals; the second group contains general and station hospitals. It will be noted that very little equipment for units designated as "C" is authorized for issue. Actually, there is going to be, if this table of allowances continues in effect, very little Government equipment authorized for these affiliated units until such time as the unit progresses to a "B" status. A substantial amount of equipment may be issued at that time.

The matter of clothing is of some interest. I do not visualize that very many of these units will participate as units in summer training. However, provision has been made to make available equipment for summer training when the unit participates in such training.

I would like to take a minute to mention the recent change in the distribution of supplies in the United States, which will be of interest to you. The Medical Department supply and distribution system has been integrated into the War Department General Depot system, effective 1 July 1947. The Medical Section of the Columbus Depot, Columbus, Ohio, for instance, has assumed responsibility for distribution of medical supplies within the Second and Fourth Army Areas. I have a map here which I can just as well pass out. The San Francisco Depot remains the same for the Sixth Army Area. The Binghamton Depot is to be dropped eventually, and effective July 1 the Schenectady General Depot was activated, and requisitions are now going in to that depot for medical supplies.

In the Fourth Army Area, the Medical Section of the San Antonio General Depot has assumed responsibility for the distribution of medical supplies. There is no change in the Third Army Area. The Medical Section of the Atlanta General Depot continues on its present mission.

We had a very small medical section at the Columbus General Depot; we had nothing at all at Schenectady. San Antonio has very small stocks. Supplies are meager in those places. There was nothing at Schenectady, but effective shortly before the first of July, we commenced to move stocks into those sections. Within the next three or four months stocks will be adequate. Requisitions at the present time are being accepted in those general depots and passed on to depots in which stocks are available. Are there any questions I can answer at this time?

QUESTION: What do we tell this affiliated unit when we go there concerning medical supplies? What shall we tell the head of the institution if he does sign the affiliation agreement?

The answer probably is they will not have any medical supplies.

COLONEL JONES: As long as they are "C" units they will have no responsibility with reference to medical supplies. When they are designated as "B" units, there will be some equipment authorized for issue.

COLONEL WESTERVELT: You will notice from the agenda that the morning session is scheduled for from nine to eleven o'clock. The final period is set aside for a general discussion and summary.

As a part of the preparation for that general discussion which will conclude the program, I would just like to call your attention to Table "D" in the folder, which consists of questions and answers on matters of policy in regard to the affiliation program. If you have occasion to read over these few pages, I think you will find that many of the questions which have come up or are likely to come up are given some consideration there. If they don't answer your problem, perhaps we can clarify them in that final period.

This concludes the agenda for the day. There are undoubtedly lots of questions remaining. I think, rather than entertaining any further questions now, youmight read over the material which you have been given, mull over what you have heard, and let us bring them up at the discussion period tomorrow morning.

I don't want you to feel that even that discussion period will terminate this conference. If you have anything further, anyone of us will do anything we can to clarify the problems that may arise. We may not be able to give you an answer tomorrow, but will give it to you as soon thereafter as possible.

Conference recessed at 1610.

IX. RESPONSIBILITIES OF MAJOR FORCES IN IMPLEMENTATION OF THE WAR DEPARTMENT AFFILIATION PROGRAM.....Colonel Charles O. Bruce, MC

Colonel Charles O. Bruce, MC, Chief of Plans and Operations, Office of the Chief Surgeon, Army Ground Forces, discussed the responsibilities of the major forces in the implementation of the War Department Affiliation Program. He made the following statements:

Gentlemen, the subject of affiliation was so well covered yesterday, I feel like a man going up to a slot machine with a nickel after the jack pot has been hit.

There is not much I can add, so I will try to recapitulate and summarize the material given yesterday, and also give you a slant on the Ground Forces responsibility.

I want to assure you of General Devers' interest in this whole problem of the Organized Reserves. I think this interest has permeated through his whole command and is manifested in part by the representatives of the armies being here on very short notice, for which I apologize to all of you.

My first experience with affiliation occurred when I was an interne. I received an invitation to attend a meeting of General Hospital No. 1, of which I had never heard. There was at this meeting a professor of surgery, a professor of medicine, and a dean from one of the medical schools with which Bellevue was affiliated, and other well-recognized medical men. I attended this meeting and later received an invitation to join General Hospital No. 1. I attended meetings; we sat around discussing the stock market, the Yankees and Cardinals; had a glass of port, and then went home. It was not until some time later that I learned there was a doctor at Bellevue by the same name as mine--Bruce--and I had gotten his invitation. Frankly, we didn't get very much out of our meetings at General Hospital No. 1, and I think that we can organize and train these affiliated units better now than some of them were before the last war.

As General Denit said, affiliated units were used successfully in the last two wars in which this country took part. Because of this, and because affiliation is a logical way in which to build efficient service units for the Organized Reserve Corps, the War Department plans to affiliate units far in excess of the number organized during World War II. In fact, the goal is the creation of sufficient units of this nature to support the nation's initial mobilization objective.

As Colonel Shumsky said yesterday, one should always bear in mind when thinking of affiliated units, that they and the people in them are

no different from the rest of the Organized Reserve Corps, except for the element of affiliation.

Let us see how affiliation works. Suppose sponsorship of a medical unit is sought, either by the War Department or by a civilian organization.

As you have been told, the location of this medical unit, the selection of its sponsor and the negotiation of the affiliation agreement is the responsibility of The Surgeon General, so it is a representative of The Surgeon General who makes the first contact. A representative of the army commander within whose area the unit is to be located accompanies The Surgeon General's representative for the purpose of coordination during the negotiation. It should here be emphasized that the affiliation agreement is not a contract, but a statement of mutual good faith between the War Department and the sponsor.

When the agreement is completed, the unit is released for activation. The procedure for this is the same as for all units of the Organized Reserve Corps. The army concerned requests Army Ground Forces for authority to activate the unit.

After the army has requested Army Ground Forces to activate the unit, AGF directs The Adjutant General to give the unit a numerical designation and to issue the authority for activation orders. The Adjutant General indicates the history, battle honors, etc., to which the unit is entitled. Then the army concerned orders the unit's activation.

Once the affiliation agreement has been completed and action has been initiated toward activation of the unit, the War Department and AGF are very careful to hold to a minimum any changes in the troop basis which might adversely affect the organization and subsequent growth of the unit, or which could conceivably have an adverse effect on the interest and cooperation of the sponsor.

The next step after activation is organization of the unit. This is a responsibility of the Army Ground Forces which has been delegated to the armies. Units are organized into one of three classes, "A", "B", or "C" as Colonel Walsh discussed with you yesterday .

A Class "A" unit is organized with a full complement of officers and men. It is an M-day unit, fully manned and equipped. It will receive such individual and unit training as to insure that it is capable of performing its wartime mission promptly upon mobilization, or within ninety days thereafter.

A Class "B" unit is organized with a full complement of officers and an enlisted cadre, or group of key personnel, as I believe The Surgeon General prefers to call it. A unit of this class will be trained so as to be able to expand, after mobilization, to a complete

unit capable of performing its wartime mission within the period M plus 90 to M plus 180 days.

A Class "C" unit is organized with a full complement of officers only. Class "C" units will be trained so as to insure that they will be capable of expansion, after mobilization, to fully manned and equipped units, able to perform their wartime missions within the period M plus 180 to M plus 360 days.

I have been speaking thus far of units that are newly activated. What about the affiliation of units that are already active? This is done by The Surgeon General in coordination with the army commander concerned. If affiliation requires relocation of a unit within the same army area, authority for the relocation is given by the Commanding General, Army Ground Forces, upon request submitted by the army commander concerned. Removal of a unit from one army area to another is not so simple. This can be done only if authorized by a change in the ORC troop basis, and after coordination between The Surgeon General and the Commanding General, Army Ground Forces.

After organization of the affiliated medical unit has been started, thought must be given to supplying it with its military equipment. This is the responsibility of the army commander, and is accomplished in the same way that any other unit of the ORC is supplied.

Tables of Allowance 21-3, "Clothing and Individual Equipment for the Organized Reserve Corps," which probably won't concern you immediately--published 13 May 1947--provides clothing and individual equipment for personnel of the ORC for home (armory) and annual field training.

Tables of Allowance 85-20, "Equipment for Instructors of Organized Reserve Corps," dated 4 June 1946, with four changes, is currently being revised in the office of the Director of Organization and Training, WDGS, and will be released in the near future. This table provides administrative equipment for the ORC instructors and their assistants.

Colonel Jones handed out the tables of allowances. T/A 85-8T provides equipment for home training and administration of Class "A", "B", and "C" Organized Reserve Corps units of the Medical Department.

The unit is now affiliated, organized and supplied. It has had some training during these steps, but is now ready to start in earnest on its training mission, which is to prepare to operate effectively as an element of the Army of the United States according to the planned mobilization schedule. This is done by converting existing civilian skills to similar military requirements. Therefore, the burden of training the affiliated unit will be borne largely by the civilian sponsor in the normal course of operating activities.

Training other than "on-the-job" training, however, is specified in the affiliation agreement. Various combinations of armory type or home training and summer field training are offered. These are summarized for you on the chart which I have here on the easel. This was all gone over yesterday so we will just hurry through.

Class "A" units may elect weekly training periods plus fifteen days of summer camp. That is the only kind of unit that can have this type of training.

Twice-monthly training periods plus fifteen days of summer field training are offered to both "A" and "B" units.

Either "A", "B", or "C" units may elect one of the following training plans: Monthly training periods plus fifteen days in the field--also "A", "B", or "C" units may have montly meetings--monthly training periods with no summer field training, or quarterly training periods with no summer field training. The War Department plan states that the monthly or quarterly drill periods or field training should be accepted only for those units whose civilian occupation is very closely allied to their primary mission, and whose duties preclude armory type training or summer field training, or whose operations are such that summer camp is not feasible.

This brings up the matter Colonel Duke spoke about yesterday and concerning which I was to attempt to get a decision from the Army Ground Forces. In the War Department Affiliation Plan, page 11, paragraph 11, you will see that one type of training must be stated in the affiliation agreement. One of these types of training I have on the chart here must be specified. Accordingly, the Army Ground Forces will accept no unit for affiliation unless some type of training is specified--one of these five categories must be accepted. Are there any questions on that particular point? The Army Ground Forces feel that a unit that does not have interest sufficient even to hold quarterly meetings should not be given the privilege of affiliation.

An affiliated medical unit at a civilian hospital is cited as an example of a unit whose civilian occupation is very closely allied to its primary mission, we should not forget, however, that the more military training a unit receives, the better it will perform in an emergency, and an effort should be made to obtain from the sponsor a promise of the maximum armory and summer field training that is possible.

Training programs for Class "C" units of the Organized Reserve Corps have been published and distributed to all the armies. These training programs are for use as guides in conducting training; they will be revised in the near future. It is anticipated that training programs for each class of unit will be published within the next six months. Training

programs are the responsibility of Army Ground Forces, assisted by The Surgeon General where appropriate.

Several types of individual training, other than armory training, are available for personnel of the ORC. Among these are:

1. Assignment of officers to courses at service schools.

2. Assignment of enlisted personnel to courses at technical and service schools.

3. Assignment of technicians to civilian schools.

4. Active duty training for officer personnel.

5. Army extension courses.

6. Extended or temporary active duty with the Regular Army, units of the Organized Reserve Corps and National Guard in field training.

You were told yesterday that dual membership was not permitted, that is, an officer could not belong to the Organized Reserve Corps and the National Guard at the same time, but an officer may be in the Organized Reserve Corps and go on field training with a unit of the National Guard.

Expansion is the next step to be considered in the development of an affiliated unit. By expansion is meant progress from a Class "C" to a Class "B" unit, or from Class "B" to Class "A." To be eligible for expansion the unit must accomplish certain things which can be found in the War Department and Army Ground Forces plans. Approval of Army Ground Forces is required for expansion to Class "B"; War Department approval is necessary for expansion to Class "A."

To summarize, Army Ground Forces is responsible for the activation, organization, training, and expansion of all affiliated units of the ground arms and services. Certain of these responsibilities have been delegated to the armies, and others have been retained by the Commanding General, Army Ground Forces. These responsibilities are clearly outlined in current directives which were distributed to you yesterday. It is important to bear in mind that except for the principle of affiliation these units are no different than other units of the Organized Reserve Corps, and that the policies pertaining to the Organized Reserve Corps apply equally to affiliated units.

COLONEL WESTERVELT: Gentlemen, I think we would be very happy to entertain any questions on this particular subject. We will put off the other discussion until ten o'clock because General Denit will be here then.

X. GENERAL DISCUSSION AND SUMMARY.....Brigadier General Guy B. Denit and Conferees

Brigadier General Guy B. Denit, Deputy for Plans, OSG, was the discussion chairman for the final session of the conference.

GENERAL DENIT: Probably the best way to open the conference for general discussion is to ask if there are any questions. Are there any points we want to clear up or any general discussion on the affiliation program? If anybody has any points to bring up, let us hear them.

COLONEL DUKE: I wonder if everyone is perfectly clear on the next steps to be taken? Who is up to bat next, and next after him? In other words, is everyone perfectly clear on what he is supposed to do? I think it is important for all of us to leave here knowing who is to take the next action; whom they are to contact, and so on. Is there any question about that?

GENERAL DENIT: Let us tell them just exactly the 1, 2, 3, 4, like signals of a football game.

COLONEL VOEGTLY: As was mentioned yesterday, we have corresponded by letter with each institution which sponsored an affiliated unit during World War II. These institutions were complimented for their outstanding contribution to the Army medical service during World War II; it was intimated that a War Department Affiliation Program was being formulated; and views were requested on the re-establishment of an affiliated unit program. We have now had a seventy-five percent response from the institutions contacted. The majority of the institutions were favorable in their reaction.

The Surgeon General indicated to them that at the appropriate time, when the War Department program had been released, he would correspond with them a second time for the purpose of inviting them to participate in the program. Now that the War Department program has been released, these second letters are being prepared for transmittal to the potential sponsoring institutions. We are going to invite these former sponsors to participate in the program. We are also going to ask for an indication of a suitable or convenient time when a representative of ours can call to meet with them and discuss the program. Upon receipt of a reply from these institutions, we will inform you of the time for meeting with the institution head.

COLONEL HAFF: You will inform both the field representative and the army, or will you inform one and he will inform the other?

COLONEL VOEGTLY: We will inform the field representatives and he in turn will coordinate with the army representative in making an appointment with the institution head. Certain of the institutions contacted will require selling on your part, others will require no selling. At those institutions which have already decided to accept the program you need only to present your credentials and have the agreement executed. Is that clear?

GENERAL DENIT: You are going to send out the letter and tell them that the War Department has said to go ahead with the agreement and ask them if they want to affiliate. You hope they are going to. Now, then, you are going to send a copy of that answer to the representative?

COLONEL VOEGTLY: Yes, sir. The representatives will be notified when the institution is ready to conduct negotiations.

GENERAL DENIT: And I think at the same time you ought to send a copy to the army surgeon so he will know what time and be informed about it. This thing is a joint, three-way thing. It is just like the heart, lungs and kidneys when you have high blood pressure. Now, you have this triangle. You want to work it so that the army surgeon is informed at all times of what is going on, because he represents The Surgeon General in that area; also, representatives of the Army Ground Forces should be informed, and if there is a PMS&T he too should be informed. You don't want to walk into a man's domain and have him not know that you are going to sell a program. You inform the Class II representatives, the Surgeon, Army Ground Forces, and the army surgeon at the same time. Don't you think that is right?

COLONEL VOEGTLY: Yes, sir. Such a procedure will assure all around coordination in the matter.

GENERAL DENIT: Now, the representative writes a nice letter to the PMS&T when it is decided that the army representative and The Surgeon General's representative are going to call on an institution. We have to get together; we have to get this thing coordinated and have these representatives all working together, trying to do a job. It is an important job now, not a home defense job.

Let us remember one thing. It is my honest opinion, and this is based on a lot of study and experience, that the medical personnel are going to be the front line troops for quite a while in the next war. It is likely to be some time after the onset of hostilities that combat troops are sent anywhere. Moreover, the civilians are going to be a part of the defensive force of this country for a considerable time. These affiliated units are going to be needed at the very beginning; there will be no softening cushion of time, and these units will not only be doing Army work at the beginning of war, but will also be doing work to help civilians.

COLONEL HAFF: If you use as a selling point the fact that these affiliated units are going to be needed at the very beginning and they come back with a counter statement that if the civilian population is bombed by atomic weapons they will be so busy in their own civilian institutions that—

GENERAL DENIT: That is right; 100 percent; that is where they will be.

COLONEL HAFF: What, then, is the advantage of being in an affiliated unit?

GENERAL DENIT: That was demonstrated very clearly at Texas City. Those people just happened to be there who had come out of the services recently, and things went along beautifully. There was some organization to the thing. Those people had military experience and they handled the situation beautifully, better than anyone else could, I am sure. It is an organized effort with a group of doctors in a civilian hospital, or anything else, an organized effort. They may be needed right then and there at their places. That is my viewpoint of the thing, because most of the affiliated units are in areas that are most apt to be bombed, isn't that right?

COLONEL WALSH: One-third of them are in Boston, Baltimore and Chicago.

GENERAL DENIT: One-third of them. The selling point is that they are not going to sit at camp, post and station and wait two years to be shipped to Tarawa or other locations. We will all be busy around here if we have a war.

COLONEL DUKE: One thing I would like to clarify. The only time you contact the PMS&T is when you attempt to affiliate a unit that is located in the circle on the map you have. You don't have to coordinate with the PMS&T at all unless there is a medical ROTC at the institution. You don't have to coordinate with the PMS&T when you affiliate a unit at an institution which does not have a medical ROTC unit.

COLONEL BREWER: Will you include the name of the PMS&T at the time you send the letter to us?

COLONEL VOEGTLY: Incidentally, the medical PMS&T's will be in Washington for a conference the latter part of August, and they will be thoroughly indoctrinated in the affiliated program at that time. They will expect you to coordinate with them when a unit is affiliated at the institution where they are located.

The table that you have in your folders, Tab "G", "Approved Medical Schools in the United States", indicates the medical schools which have presently an ROTC unit, and also the ones likely to have units during

the school year 1947-48. Now, as soon as this list is firmed up and medical PMS&T's are designated, we will inform the field representatives.

COLONEL DUKE: You can get that right from the map, which is almost 100 percent correct.

COLONEL VOEGTLY: It is also shown in the map that you have in your folders (Tab "C").

GENERAL DENIT: Now, there is one thing that has harassed these people which we have tried to keep out of this Reserve program but we couldn't do it. Colonel Shumsky was telling you it was an integral part of the Reserve program. For a long time we didn't want to go on that proposition because there are a lot of things about the Reserve program that we don't like and a lot of other people don't like. The whole Reserve program, as I told you yesterday, has in the past tended to put a premium on the "dub."

Any idea that these people are going to be harassed with extension courses and summer camps, and non-active duty training, and credits, and all that sort of thing might as well go by the board, because The Surgeon General is not going to stand for that kind of thing in writing up the Reserve regulations. He is not going along with the sort of a program which does nothing but put a premium on the "dub."

There will have to be some training to show interest in this, but not copying answers out of textbooks or attending meetings which have no medical bearing. I have had enough experience to know that that kind of program is nothing but putting a premium on the "dub," and you will not get anywhere with any such foolish program as that. We will not stand for it here in the office when we start writing up the Reserve regulations.

COLONEL HARTFORD: That is for promotion only and has nothing to do with training?

GENERAL DENIT: That is promotion; it has nothing to do with training.

COLONEL RUDOLPH: When can we expect some people to implement this training of Reserves?

GENERAL DENIT: That is out of the question. I remember down at Atlanta when I was the only Medical Corps officer in the Fourth Corps Area handling Reserve affairs. We had 987--some people taking extension courses, and I couldn't, even if I had time, have taken a letter cutter and opened up the mail every morning. I was the only one. I don't know whether we are ever going to have enough people to do that.

The bad part is that the armies decentralize supervision of the program to districts and the districts in turn to some district commander, who has an enthusiastic fellow who goes around and reads the regulations. At the end of a certain period,—he has a card on Dr. "So-and so"— he sees that Dr. "So-and-so" has had no camp training; he hasn't had active-duty training; therefore, he is kicked out.

There was an officer down in Florida who came from a little town of about two thousand population. This officer took every one of the extension courses. One day I looked up from my desk, and there he was, and he asked me, now that he had completed the Command and General Staff course, when was he going to be made a general. So that shows you we can't go on this other type of program in setting up requirements for promotion.

Any other questions? Any discussion; anything to bring up?

COLONEL TEMPEL: Would you comment on Annex N, "Training approved for the unit"?

COLONEL VOEGTLY: That is the space in which is to be filled in one of the five options for training, which Colonel Duke and Colonel Bruce discussed. That, of course, pertains to the type of unit training which is to be performed by the organization. As Colonel Bruce indicated, unless the institution is sufficiently interested to participate in the program to the extent that it will get together the members of the organization at least once a quarter and put on some sort of a medico-military program, the Army Ground Forces isn't willing to accept that organization on an affiliated basis. In other words, the Army Ground Forces doesn't want to assume responsibility for supervising the organization and training of an affiliated unit under such circumstances. One of the five types of training prescribed for affiliated units should be shown in that space.

COLONEL MOWRY: Those options that we are approving must be approved not only by the field representative but the army representative as well?

COLONEL VOEGTLY: That is right. In other words, the sponsor and the War Department representatives must agree on the type of training to be conducted.

COLONEL BREWER: In paragraphs 2 and 7 of Annex H, what is inclosure 1 and what is inclosure 2? I can't find the inclosure 1 that is mentioned in Annex H.

COLONEL VOEGTLY: Inclosure 1, referred to in paragraph 7, is copy of approved table of organization which would pertain to the type of unit. You, by the way, will want to have copies of these various tables. When we write you in the near future, we will send copies of tables that are

most likely to be required. Inclosure 2 is the formal resolution of the governing body of the sponsor's organization approving its participation in the War Department Affiliation Program. It is not essential, for purposes of the agreement, that there be a formal resolution of the governing body attached.

COLONEL DUKE: Could we go on one step further? Let us assume that the army representatives and The Surgeon General's representatives have met with the superintendent of the hospital, or whoever the individual may be, and the affiliation agreement has been signed. Let us go on from there. Does The Surgeon General's representative fall out of the picture from there on entirely? Of course, then the Ground Forces take over. Is that correct, Colonel Bruce?

COLONEL BRUCE: Yes.

COLONEL DUKE: And as far as filling up the unit with personnel is concerned, that is up to the sponsor, isn't it? And his recommendations to the army are followed through by the Ground Forces. The training is supervised by the army under the guidance of the Ground Forces, is that correct?

COLONEL VOEGTLY: That is correct.

COLONEL DUKE: And The Surgeon General's representative falls out of the picture entirely when the agreement is executed, is that correct? I am asking.

COLONEL VOEGTLY: I believe, technically, that is correct. There is a transfer of responsibility at the time the agreement is signed from The Surgeon General's representative to the army representative. The army takes over at that point and supervises the activation, organization, and training of the unit. However, I don't believe The Surgeon General's representative passes out of the picture completely, because I believe he and we are continually interested in the subsequent development of that unit from a technical standpoint. The War Department Plan provides that the chief of technical service inspect the unit from time to time, coordinating, of course, with the appropriate army commander.

COLONEL MOURSUND: May I make a suggestion as something that the office can do on the quarterly plan in order to present something at the quarterly meeting other than the latest regulation? One of the professional sections might be assigned to the chore once a year, so that during the year the four major professional sections in the office prepare material on recent or late developments in their particular field, stressing the military-medical aspect of it. That could be distributed to these affiliated units for their use as a part of their program. It might serve to interest a few of them.

COLONEL DUKE: Of course, that is the Army Ground Forces responsibility. Whatever they want we would be glad, I am sure, to assist in any way we can, and to provide anything of that nature that they might want. That is along the line which I mentioned yesterday. I don't see why they couldn't go to the general hospital and get them to go down to the affiliated unit meetings and present some cases if they happened to be on some special type of professional work.

COLONEL REYER: In regard to the training, I can see how the professional men may not, but your administrative section is going to need some training. I took some of these from scratch. Your administrative section needs more training than you have on this program. The poor commanding officer is going to be lost.

COLONEL BRUCE: The training schedules for all Class "C" units have been published and distributed to the armies. These are guides only for the training of affiliated units; they are merely suggestions. These training schedules are being revised now and will be circulated soon after they are revised. You will find them valuable for a guide in training the administrative personnel in the units. A lot of the material in the training schedule is not applicable to the medical staff themselves.

COLONEL REYER: The administrative section certainly is going to require more than one hour quarterly in their training.

COLONEL BRUCE: I think you will find these training schedules helpful for the other people.

GENERAL DENIT: Colonel Pincoffs of Baltimore has put before The Surgeon General a very interesting plan and something that we might just as well be thinking about. He suggested, for instance, that these affiliated units sort of sponsor our station hospitals within the area and that they act as consultants and guides or mentors of the station hospitlas. For instance, Colonel Pincoffs, over at the University of Maryland, would undertake to sponsor the station hospital at Fort Meade, make periodic staff visits and help them out in any way he could. I talked to General Kirk at great length about that. What you say is absolutely true. I didn't have any reference to the administrative people. It is only the chiefs of services and the professional men that we mean. The fact that a man is qualified to be chief of service in a civilian hospital indicates that in general he is qualified to be chief of service in an Army hospital. It is only a case of indoctrination.

Whether this other thing would work, I don't know--their sponsoring or assisting as consultants, more or less, for station hospitals. That would have to be worked out very carefully to see whether it would be to our advantage or to our disadvantage. It would have to be coordinated

with the training. Certainly, I don't think we are going to have enough general hospitals in peacetime to keep all of our people satisfied on the professional side of their training. We will have to pay more attention to the men in the station hospitals and not act as though they were removed from good medical practice.

Some awfully good work has been done in station hospitals that I know of. The station hospital at Schofield Barracks was a good example of one such institution. There are a great many fine general hospitals in civil life with 300-bed capacity that have some very fine people in them, too, and some fine work is done in general hospitals and station hospitals alike. There is not room for all of our talent in our general hospitals. I see no reason for denying certain individuals the advantage of exercising their talents in the samller hospitals.

That is the plan Colonel Pincoffs put up to The Surgeon General. It might be a very interesting experiment to see it tried out just one time. People in the hospital might like it. On the other hand, they might resent it. It is hard to tell how it would work.

COLONEL MOWRY: With respect to the selection of the commanding officer, Colonel Duke said the commanding officer will have to be selected before you get approval for affiliation. That is contrary to my understanding.

COLONEL VOEGTLY: I think the plan provides that the commanding officer will be an AUS officer, who will be designated by the institution and be acceptable to the army and Army Ground Forces, as well as to the chief of service. So it is a coordinated thing. The commander designated by the institution cannot be a member of the Regular Establishment; he must be acceptable to the army, the major force concerned, and the chief of technical service.

COLONEL DUKE: The question is, though, he is not selected until after the affiliation agreement is signed.

COLONEL HARTFORD: I believe the order published by The Surgeon General has included the name of the commanding officer.

GENERAL DENIT: Subsequent to that these men are nominated.

COLONEL ECKHART: Is there a similar program in the Navy?

GENERAL DENIT: Peculiarly enough, I have copy of a paper in my office wherein the Navy indicates that except for certain key individuals they have no affiliated program. We were asked to see whether we were going to run into any trouble with this thing in the Navy. They are competing for key individuals but not for units. That is the reason I think it is important to get this thing going, because they are competing for key individuals in all of these institutions.

COLONEL COCKE: Has the Air Force any role in this program?

GENERAL DENIT: The Air Force, of course, has a tremendous interest in this program, and justly so. Right now, there are no Air Force units set up. My opinion is that there must be some Air Force unit set up. General Grow, the Air Surgeon, has recommended that the Central Medical Establishment be affiliated. The program must be expanded to include type units which the Air Forces think are proper units to affiliate.

COLONEL COCKE: The chief of service will be responsible for designating the number and type of units for affiliation.

GENERAL DENIT: Yes, that is correct. The initial objective is a trial balloon. There is no reason why we shouldn't affiliate anything you think you need. I would be the first one to approve the affiliation of the Central Medical Establishment if the Air Forces wanted it. We are not trying to do anything now except get the affiliated units we had previously. If there can be an expansion of it when your program comes along, it should be done.

Are there any other questions?

COLONEL COCKE: Concerning the commanding officers of these affiliated units. It is my opinion that the program would go along better if, prior to the signing of the affiliation agreement, the commanding officer would already have been at least tentatively selected.

GENERAL DENIT: He would have been nominated, but it is kind of dangerous in a lot of ways.

I don't think The Surgeon General's Office knows enough about all the people throughout the country to select the commanders of these units. I think that the army commanders and the army surgeons would probably be in a better position. They can find out things about a doctor, whether he would make a suitable commanding officer, and then send their recommendation to The Surgeon General's Office to coordinate with the consultants divisions to be sure we don't select an individual who is not acceptable.

COLONEL COCKE: Commanders are nominated by the heads of the institutions concerned?

GENERAL DENIT: I think the heads of these institutions ought to be thinking about a commander for their units.

COLONEL HARTFORD: That is really a Ground Force responsibility, in order to see just how they will tie it in with this office. In other words, they do the activating and they probably would make the selection of commander.

COLONEL DUKE: I think it is very important that everybody is satisfied, The Surgeon General and the army surgeon are satisfied as to who the commanding officer is going to be.

COLONEL WALSH: I would like to ask, have you considered specifically how they intend to proceed on that? It might help the people who have to do it.

COLONEL BRUCE: Of course, the plan states, also, that as soon as the affiliation agreement is made, the whole thing is turned over to the Army Ground Forces. We don't ring down an iron curtain at that time. We can't and don't want to, because control of the program is centralized here in The Surgeon General's Office. We in the Ground Forces are only carrying out a certain part of it. Whatever we do is done with the coordination and advice of The Surgeon General. We plan to coordinate these things fully with the office here.

COLONEL HARTFORD: You have no consultants at all, and the army does have. There will have to be some agreement there because army consultants are under The Surgeon General.

On page 6 of the War Department Affiliation Program, which is here in the folder at the top of page 6, it makes the statement, "Class 'C' units will consits of a full complement of officers only." Again referring to the same folder, Appendix D, page 3, in the answer to question 15, it makes the statement that the "C" type units will have a full complement of officers. I don't think it means quite that. You have to do some more reading. Of course, everyone here heard Colonel Shumsky say it means only sixty percent.

COLONEL DUKE: They have to have sixty percent personnel before they can be activated. Then they go on up to one hundred percent, if possible. But the aim is to have one hundred percent in a Class "C" unit. Is that correct.

COLONEL VOEGTLY: That is correct. On hundred precent officer strength is authorized but a minimum of sixty percent is required for activation of a "C" type unit. In other words, before the War Department authorizes activation of an affiliated unit there should be reasonable assurance that at least sixty percent of the officer personnel can be provided.

COLONEL HARTFORD: But this says "a full complement of officers." The definition of the unit doesn't say anything about activation. I thought it might raise some question in the mind of somebody reading this later on.

GENERAL DENIT: I don't know that it has ever come up, what we would do if we had over-strength. I imagine most of these people will

start out by taking over old officers; the old crowd comes back. Everybody would be colonels. I guess that could be cured, by having an over-strength in grade as long as they are with the unit. There has been nothing said about that.

COLONEL VOEGTLY: I don't believe that question was brought out in the discussion. Personnel and Administration Division has indicated that the policy is to not accept officers who are overgrade for assignment to an organization. That is the present War Department policy.

However, it is realized that the solution is not so simple. Something must be done to retain the interest of these older men who are available for assignment to these units. Apparently the problem is recognized both by Personnel and Administration and Organization and Training Divisions. The suggestion was made that a composite group be organized for absorbing this excess of overstrength of officers of higher grades, but that is not too satisfactory.

GENERAL DENIT: That won't worry us this minute but it might worry us two months from now.

COLONEL WALSH: I have some figures here from the Army Report of 1 May on the strength of the Active Reserve.

There were a total of 488,784 officers active in the Reserve as of 1 May. The Air Reserve officers total 221,296; the Infantry, 58,928; the Medical Department comes next with 32,017, of which 12,467 were Medical Corps. There were enlisted men totaling 612,459, and of that figure, other than Air Force, there were 419,182.

Regarding the grades in the Medical Department, there were only 932 colonels (about three percent); lieutenant colonels, 3,505 (about eleven percent); 8,849 majors; 10, 839 captains; 5,643 lieutenants; 2,249 second lieutenants. The grade distribution was as follows: captains first, majorssecond, first lieutenats third, lieutenant colonels, second lieutenants, and colonels.

This further brings out the fact that there is a large enlisted Reserve, and, other than Air Force, it is pretty well scattered through the army areas. There were over 53,000 in the First Army; 118,000 in the Second Army; 68,000 in the Third Army; 63,000 in the Fourth Army; 85,000 in the Fifth Army; Sixth Army, 29,000; and 1,000 outside the Continental United States, in accordance with the 1 May report.

GENERAL DENIT: Speaking of that reminds me. I think we ought to all know what this new retirement bill calls for. It is going to be too bad if our doctors all get out of the Reserve Corps and there are thousands

and thousands of officers from other branches in the Reserve Corps.

What an officer gets out of this retirement bill is this: Suppose a man has been in World War I four years and World War II for four years, he would receive in retirement pay, eight times $2\frac{1}{2}$, which would be twenty percent of a colonels pay. Now, then, suppose he had thirty years Reserve duty, he would get 5/10 of one percent times the number of years of inactive duty. That would be fifteen, and that would give him thirty-five percent pay for retirement at the age of sixty years. So I think you ought to read this new retirement bill and tell these officers not to be too hasty in dropping their Reserve commissions. These medical Reserve Officers who have been in these units have a pretty good stake in this retirement bill.

GENERAL DENIT: We are obliged to you for coming here. I think the Reserve program is an extremely important thing. I think it is more important to us now than ever before, because we won't have the cushion of time in which to get ready. Whatever happens to us now is going to happen suddenly.

I remember distinctly what happened after World War I. There was quite a feeling against the Army by the medical profession. I think the feeling now is more or less one of interest. I don't think it is one of hostility at all. I think we are going to have greater success with this program than we had after World War I, but we will have to be careful to assure these people that they are not going to be harassed by unnecessary rules and regulations in the ordinary administration of their units.

Thank you very much for coming.

The conference adjourned at 1110.